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ORIGINAL ARTICLES.

OBSTETRICS IN GENERAL LITERATURE.*

THEOPHILUS PARVIN, M.D., LL.D., PHILADELPHIA, PA.

Few men know how to take a walk. Dr. Samuel Johnson commended this apothegm of a French author. Using the word walk in its figurative sense, let me say many doctors do not know the worth of a walk, an occasional excursion in the border-land of professional literature. Such rambles divert the mind from the cares, trials, and anxieties of professional life. During these jaunts he forgets the infidelities of those he trusted, the ingrattitudes of those he helped, the base arts by which medical politicians seek practise, place and power, and the blindness of the average professional mind to this criminality. He is saved from that cannibalism against which Pythagoras warned, eating his heart. Worn, worried, worn, he finds in his wandering relief, refreshment, and recreation. Human life is, as a wise writer said, like the heavens; sometimes fair, sometimes overcast, tempestuous, and serene; as in a rose, flowers and prickles; in the year itself, a tempestuous summer, a hard winter, a drought, and then again pleasant showers; so is our life intermixed with

joys, hopes, fears, calumnies. The same writer, Lipsius, has also said: "Methinks, when I read Seneca, I am beyond all human fortunes, on the top of a hill above mortality." Cardan declared, "A library is the physic of the soul; divine authors fortify the mind, make men bold and constant."

Coleridge asserted that he found in literature its own exceeding great reward. The doctor who gives part of his time to literary study will have recompense corresponding to capacity and culture. To such study there cannot be given the reproach given by Lord Bacon to that knowledge which tendeth but to satisfaction, and is but as a courtesan, for pleasure and not for fruit or generation. The reading may be most fecund. Thus, we often learn the origin and true meaning of many professional words, a knowledge that grows in importance as the iconoclastic sound-spellers, most unsound of perverse mortals, are striving to bury it by substituting cacography for orthography. Let this change continue, and we may yet see dialect words, those bastards of human speech, and shams of humor and wit, baptized into legitimate language.

* Read before the New York County Medical Association, March 16, 1896.

Moreover, in these rambles we often meet with admirable pictures of human nature, learn more of those mighty passions that bear our fellow-beings to grander heights, or sink them in profounder depths; pictures of the frailties and follies that mar, and make life miserable, so that our opinions grow more charitable, and our sympathies greater,—often, too, excellent descriptions of disease, of dying, of death. Thus we may become wiser men and better physicians.

It is only by careful reading and study of the best writers that the medical man can hope to acquire such style of composition that he will be able to communicate his observations and reflections to others, simply, clearly, strongly, gracefully. The best models of literary style are rarely found among doctors. Extravagant hyperboles, hysterical rhetoric, words even in choreic convulsions, have been commended as showing an excellent style, so low is the standard of medical criticism! Of living doctors, what one reveals the strength and clearness in literary work of Dean Swift, the grace of Addison, or the eloquence of Ruskin? Or who of them could build a sentence perfect in construction as a Greek temple, as De Quincey did, always the right word, and that word always in the right place? Medicine has its perpetual streams, nay, floods of literature. But how much of the flood may indicate simply verbal diarrhoea, and is suggestive of immature veal and unripe apples! So many doctors, eager for fortune and fame, writing abundantly, reading and reflecting scarcely at all, think regarding the public and the profession as the Pharisees did of prayer to God,—they shall be heard for their much speaking. The gestation period of an elephant is twenty-one months, and she rarely has more than one at a birth; the guinea-pig carries her young only three weeks, and then has four to twelve. There is a saving remnant in the profession, sufficiently familiar with zoology, to tell the difference between guinea-pigs and elephants, condemning and repudiating doctors who write, not because they have something to say, but because they want to say something.

It is wise for the medical writer to

seek a good style, at least in part, outside of professional literature.

Let me claim another good for literary culture on the part of medical men, more especially if engaged in teaching. Such culture is valuable in furnishing means of illustration in writing or speaking upon professional subjects; the flash from a side-light may make clear to the medical student that which before was obscure. The last verse of those quoted from a familiar poem of Longfellow, might be adopted as almost perfectly pertinent in this connection:

"And Nature, the old nurse, took
The child upon her knee,
Saying: 'Here is a story-book
Thy Father has written for thee.'"

"Come wander with me," she said
'Into regions yet untrod,
And read what is still unread
In the manuscripts of God.'"

"And whenever the way seemed long,
Or his heart began to fail,
She would sing him a more wonderful song
Or tell a more marvellous tale."

Pardon so long an introduction. It seemed to me advisable to justify the selection of the theme I have, in addressing doctors.

Further let me say that in this short walk in part of the outlying territory of Medicine, time will not permit the presentation of a tithe, nor of a hundredth part of the material at hand, but I trust that which will be offered may have some information and interest.

Not many years ago the profession was told by a great medical teacher, now dead, that woman etymologically was womb-man. But this derivation could not be accepted for a minute by one who had read the Parable of the Prodigal Son, in Wycliffe's translation, or "The Squire's Tale" in Chaucer. In the fourteenth century womb belonged alike to male and female; it simply meant the abdomen, or belly. The derivation wrongly suggested, seems as fanciful as that of *femina* from less faith, or mulier, see Shakespeare's "Cymbeline," from *mollis aër*, or that credited by Guy Patin¹ to a French Secretary who

¹ "Monsieur de Villeroy, le grand Secrétaire d'Etat, qui avoit une mauvaise femme, (il n'étoit pas tout seul, et la race n'en pas morte) disoit qu'en Latin une femme étoit *Mulier*, c'est à dire, *mule hier, mule demain, mule toujours*."

had a bad wife, *mulier*, mule yesterday, mule to-morrow, always a mule. I am tempted to add to these curious origins, a statement recently made in a French review: "The man of Darwin is a woman who has achieved her evolution, and the woman of Herbert Spencer is a man whose evolution has been arrested."

Has the doctor never wondered when he was detaching, tearing loose, a large fibrous polypus, having a thick pedicle, why this growth was so named? Let him go to the "Odyssey," and learn. Read the story of the much-enduring, much-experienced Ulysses, when he is cast upon the Phæacean coast.

"Close to the cliff with both his hands he clung,
And stuck adherent, and suspended long;
Till the huge surf rolled off; then backward sweep

The reflux tides, and plunge him in the deep.
As when the polypus, from forth his cave
Torn with full force, reluctant beats the wave,
His ragged claws are stuck with stones and sands:

So the rough rock had shagg'd Ulysses' hands."

It has been suggested that the word ripped was applied to some cases of Cesarean delivery done by the horn of an infuriated animal, a cow for example. So far as the story told in Macbeth is concerned, there is a possibility of the hypothesis being correct, though really the event might also be attributed to a post-mortem delivery. You remember Macduff's words to the guilty king:

"Despair thy charm,
And let the angel thou still hast serv'd
Tell thee Macduff was from his mother's womb
Untimely ript."

Possibly some of my auditors heard Fanny Kemble read this play, as I did, and how vivid their recollection of her uttering "ript!" You almost heard a knife ripping through living tissues, yea, heard it almost as distinctly as you ever heard a saw sounding its swift, resistless way through the great trunk of a tree. How well I remember the earnestness, the impassioned earnestness, struggling into clear speech, of that noble man and dear friend, Fordyce Barker, as he dwelt upon the wonderful elocutionary power of the great actress.

Unfortunately for the cow-horn hypothesis, the word ript was also used to signify the operation when done by human hands.

Thus in "Cymbeline" the mother tells:

"Lucina lent me not her aid,
But took me in my throes,
That from me was Posthumus ript."

So, too, in Addison's translation from Ovid of the birth of Æsculapius, we read that Apollo, after slaying Coronis for her infidelity, was penitent:

"Her corpse he kissed, and heavenly incense brought,
And solemnized the death himself had wrought.
But lest her offspring should her fate partake,
Spite of the immortal mixture in his make,
He ript the womb, and set the child at large."

Taking a lesson from the Art of Poetry by Horace, may we not say, Never let a cow intervene unless there be a knot worthy of a cow's untying.

In the "Courtship of Miles Standish," Wattawamat repeats the boast of Macduff:

"He was not born of woman,
But on a mountain, at night, from an oak-tree
riven by lightning
Forth he sprang at a bound, with all his weapons about him,
Shouting, "Who is there here to fight with the brave Wattawamat?"

The Indian had even a more marvelous birth than Minerva.

In times long past there was much dispute as to which was first, the doctor or the surgeon. The dispute is idle, for the obstetrician knows that his lineage is the most ancient, accepting the origin of the race as told in the Bible. He knows, too, that man, not woman, was the first obstetrician. The wisdom of the preceptor of Dr. Todd, as told in "Cooper's Pioneers," is strengthened by this fact, for we learn that his preceptor had his pupil first read Denman's Midwifery, believing it absurd to teach him how to dispatch a patient regularly out of this world before he knew how to bring him into it. The people confirmed this view, for we further read, "There was no woman on the Patent but would as soon think of becoming a mother without a husband, as without Dr. Todd."

The most wonderful birth recorded in the Old Testament is that of Isaac, begotten by a father one hundred years old, and conceived by a mother at ninety, some time after menstruation had ceased: the miracle was double. This event, however, is surpassed, if we accept Addison's story of "Hilpa," one of the one hundred and fifty daughters of Zilpah, "of the race of Cohu, by whom some of the learned think is meant Cain." Hilpa's first husband was Harpath, to whom she was married in her one hundredth year. Harpath was drowned sixty years after, and she had brought him but sixty children.

We learn from the history of Rachel when she was childless, that mandrakes were popularly regarded as a remedy for sterility. This belief was not so improbable as that prevalent during some of the Christian centuries, that pregnancy could be produced by eating lilies. Lecky observes, "The lily as the symbol of purity, was seen associated with pictures of the Virgin; and a notion having grown up that women by eating it became pregnant without the touch of man, a vase wreathed with lilies became the emblem of maternity."

There is a whisper of the lily notion in the last of Hardy's novels, "Jude the Obscure"; it occurs in one of the letters of that wonderful creation, Sue, whose sad history evokes no little sympathy, to her lover: "No poor woman has wished more than I that Eve had not fallen, so that, as the primitive Christians believed, some harmless mode of vegetation had peopled Paradise." But possibly the greatest English writer of fiction, had in mind the utterance of one of our own guild, Sir Thomas Browne: "I should be content that we might procreate like trees, without conjunction, or that there were any way to perpetuate the world without this trivial and vulgar way of coition: it is the foolishness to act a wise man ever commits in all his life, nor is there anything that will more deject his cooled imagination, when he shall consider what an odd and unworthy piece of folly he has committed."

These views do not correspond with the picture that Milton has drawn in "Paradise Lost." Adam, after the Fall, thus addresses Eve:

"For never did thy beauty since the day
I saw thee first, and wedded thee, adorned
With all perfections, so inflame my sense
With ardor to enjoy thee, fairer now
Than ever, bounty of this virtuous tree."

Then follows his leading her, "nothing loth," to where,

"flowers were the couch,
Pansies, and violets, and asphodel,
And hyacinth, earth's freshest, softest lap."

The story is in some parts but an echo of that which Homer has given of Jupiter and Juno upon Mount Ida, when the goddess revives the lustful love of the god: only the description of the couch will be quoted.

"Glad earth perceives, and from her bosom
pours
Unbidden herbs and voluntary flowers:
Thick new-born violets a soft carpet spread,
And clustering lotos swell'd the rising bed,
And sudden hyacinths the turf bestrow,
And flamy crocus made the mountain glow."

Spenser, in the "Faerie Queen," has given a marvellous story as to the conception of the twins, Belphoebe and Amoretta. Chrysogone is lying upon the grassy ground, after "bathing her breast the boiling heat to allay,"

"The sunbeams bright upon her body play'd,
Being through former bathing mollified,
And pierced into her womb, where they
embay'd
With so sweet sense and secret pow'r unspied,
That in her pregnant flesh they shortly fructified."

The lilies and sunbeams as baby-makers may be classed among beautiful fables.

Richard Baxter, of blessed piety, but of bad digestion, and sometimes of great credulity, narrates in the life he wrote of himself that, "Mrs. Dyer did first bring forth a monster, which had the parts of all sorts of living creatures, some parts like man, but most ugly and misplaced, and some like beasts, birds, and fishes, having horns, fins, and claws; and at the birth the bed shook, and the women present fell a vomiting, and were fain to go forth of the room."

Let us find a corrective for this coarse and absurd story in the origin of monstrosities in animals, so eloquently told by Jeremy Taylor, and in the pleasant

satire of Dean Swift as to the genesis of "round-heads." Taylor says: "For so the wild foragers of Lybia being spent with the heat, and dissolved by the too fond kisses of the sun—do melt with their common fires, and die with faintness, and descend with motions slow and unable to the little brook that descends from heaven in the wilderness; and when they drink they return into the vigor of a new life, and contract strange marriages; and the lioness is courted by a panther, and she listens to his love, and conceives a monster that all men call unnatural, and the daughter of an unequivocal passion and of a sudden refreshment."

Swift said: "For in the age of our fathers, there arose a generation of men in this island, called round-heads, whose race is spread over the kingdoms; yet, in its beginning, was merely an operation of art, produced by a pair of scissors, a squeeze of the face, and a black cap. These heads, thus formed into a perfect sphere in all assemblies, were most exposed to the view of the female sort, which did influence their conception so effectually, that nature at last took the hint and did it herself."

But if there be any doubt of these statements, remember that Shakespere spoke of "a usurer's wife who was brought to bed of twenty money-bags"; and that Addison's country friend saw at a London masquerade, "a big-bellied woman, who, upon taking a leap into the coach, miscarried of a cushion."

What shall be said of Dante's mother, when she was pregnant with the poet, dreaming that she had given birth to a peacock, and the fancied resemblance Dante's enthusiastic biographer traces between the bird of Juno and the poet?

Many an instance of maternal impressions did that wonderful deliver in past literature, Burton, give in his "Anatomy of Melancholy"; and illustrations abound in general literature of this supposed power. Thus, in "Measure for Measure," Shakespere has one of the characters speak thus: "As I say, this Mistress Elbow, being, as I say, with child, and being great bellied, and longing, as I said, for prunes." In Coleridge I find these lines:

"As when a mother doth explore
The rose-mark on her long-lost child."

In the "Odyssey" we probably have the earliest diagnosis of sex and of plural pregnancy. Neptune, having assumed the form of Tyro's lover, and in this disguise accomplished his purpose, exclaims to her:

"Hail! happy nymph! no vulgar births are
owed
To the prolific raptures of a god:
Lo! when nine times the moon renews her
horn,
Two brother heroes shall from thee be born."

Evidently nine lunar months are here considered the normal duration of pregnancy. In the "Iliad" we read,

"For when Alcmena's nine long months were
run,
And Jove expected his immortal son."

And here too, nine lunar months are intended, for we are told:

"The joyful goddess from Olympus height,
Swift to Achaian Argos bent her flight;
Scarce seven moons gone, lay Sthenelus's wife:
She push'd her lingering infant into life;
Her charms Alcmena's coming labours stay,
And stop the babe just issuing to the day."

It is apparent that the Greeks of Homer's day knew both premature and delayed labor, and believed that an infant born at even less than seven lunar months might live.

Tennyson dates the normal period of pregnancy, in his "Maud,"

"As nine months go to the shaping an infant
ripe for his birth;"

And then in "Vivien" gives this case of doubtful paternity:

"And Vivien answer'd, frowning wrathfully,
O say, what say ye to Sir Valence, him
Whose kinsman left him watcher o'er his wife
And two fair babes, and went to distant lands;
Was one year gone, and on returning found
Not two but three; there lay the reckling, one
But one hour old! What said the happy sire?
A seven months' babe had been a truer gift.
Those twelve sweet moons confused his fatherhood."

Tennyson would not have presented this difficulty if his hero had accepted the large liberty granted in one of Addison's dreams,—see "The Tatler," number 102: "That it should be an established maxim in all nations, That a woman's first child might come into the

world within six months after her acquaintance with her husband; and that grief might retard the birth of her last fourteen months after his decease."

A few words as to obstetrics, and obstetric allusions in the Bible.

The birth of twins occurs twice. In the first, that of Esau and Jacob,—the former was born first, "and after that came his brother out, and his hand took hold on Esau's heel." Literal interpretation of the last fact will hardly be accepted by anyone. The generally received explanation is that Jacob had one hand prolapsed by the side of the head; certainly there would be no delay in the delivery from this cause, more especially when we consider the less size of one of twins.

In Tamar's labor the hand of one of the twins first presents, but "as he drew back his hand, his brother came out, and the midwife said, 'How hast thou broken forth? this breach be upon thee:' therefore his name was called Pharez." Luther held that a central rupture of the perineum occurred, an explanation which is unnecessary.

Two instances of sudden death after labor are given. That powerless labor, the child perishing, possibly the mother too, occurred among the Jews is suggested by the following passage in 2nd Kings: Hezekiah said: "This day is a day of trouble, and of rebuke, and blasphemy: for the children are come to the birth, and there is not strength to bring forth."

In Isaiah we read: "We have been with child; we have been in pain; we have as it were brought forth wind," and at once one thinks of pseudocyesis as a condition known by the Jews.

The condition of childbirth being one of great anxiety is indicated by the following passage in Jeremiah: "Ask ye now, and see whether a man doth travail with child? wherefore do I see every man with his hands upon his loins, as a woman in travail, etc." One is almost reminded of the words of a male character in a play of Dekker: "I am with child till I know."

One of the strange injunctions in Leviticus is the difference in the duration of "purifying" if male or female child were born. In case a boy was born, the days of the mother's purifying

were thirty-three, but if the child was a female, sixty-six days. We can see no reason for this difference. One of the explanations is that it was obedience to a foolish prejudice then prevalent; but is this explanation not derogatory to the character of God? I would rather doubt the law than accept the explanation.

Intra-uterine death was recognized by Job "Or as a hidden, untimely birth I had not been; as infants which never saw light."

The sublimest utterance in the Bible as to pregnancy—the sublimest of all speech on this subject—is by the sweet singer, the poet-king, David: CXXXIX Psalm: "For thou hast possessed my reins; thou hast covered me in my mother's womb. I will praise thee, for I am fearfully and wonderfully made; marvellous are thy works; and that my soul knoweth right well. My substance was not hid from thee when I was made in secret, and curiously wrought in the lowest parts of the earth. Thine eyes did see my substance, yet, being unperfect, and in thy book all my members were written, which in continuance were fashioned, when as yet there was none of them." What light upon the great mystery of intra-uterine development, and how the dignity of the human body is exalted when we remember that in it God's ideas have been given form, the ideal made material!

How perfectly Socrates, in Plato's "Theætetus," compares the common art of midwifery with his own work in teaching, saying: "My art is in most respects like it; but differs in that I attend men and not women, and I practise on their souls when they are in labor, and not on their bodies: and the triumph of my art is in thoroughly examining whether the thought which the mind of the young man brings forth is a false idol or a noble and true birth." Again he says: "And now shall you and I have an examination, and see whether this conception of yours is a true child or a mere wind-egg."

Previously, Socrates had declared the midwives are the most cunning match-makers, and have an entire knowledge of what unions are likely to produce a brave brood, saying that this is their greatest pride, more than cutting the

umbilical cord. In like manner among the men who came to him there were those who had nothing in them. "I coax them into marrying some one, and by the grace of God I can generally tell who is likely to do them good."

Wind-eggs, vain conceptions, fruitless labors; how often reference is made to them by modern writers! Lord Burleigh said: "And if perchance their boiling brains yield a faint scoff, they will travail to be delivered of it as a woman with child." Hazlitt said: "Filling his fancy with fumes and vapors in the pangs and throes of miraculous parturition, and bringing forth only still births." Johnson wrote: "It has been maintained that this superfœtation, this teeming of the press in modern times, is prejudicial to good literature," while Richter referred to the "unfruitful superfœtation of a voluminous belly." Johnson said of Brady's blank verse translation of the *Ænëid*, "that when dragged into the world it did not live long enough to cry."

Pope, in the *Dunciad*, wrote:

"Round him much embryo, much abortion,
lay."

This great poet, in the same poem, refers to delivery by the rectum. A man having collected in the East several rare gold medals, fearing they might be taken from him by robbers, swallowed them, and hence this couplet:

"There all the learn'd shall at the labour stand,
And Douglas lend his soft, obstetric hand."

The name of Douglas lives in a famous human cul-de-sac, even though he may have been the original of Dr. Slop in *Tristram Shandy*.

Shelley's line,

"The babe is at peace within the womb,"

suggests the observation of one of Richter's characters—he has been a spendthrift, and has come to poverty and despair, and is about to commit suicide. "O, that I could live as I once did by my umbilical cord, and have again the soft bed that I then had."

Often, the older English writers used the word "great" or "big," as indicating pregnancy. In one of Johnson's letters to Boswell, he writes: "Mrs. Thrale is big, and fancies that she car-

ries a boy." In Fielding's *Adventures of Joseph Andrews* we read, "for she was now big of her second child."

The shortening of the girdle as evidence of first pregnancy is given in Walter Scott's story of Alice Brand, whose involuntary and unexpected conception is as marvellous as any ever dreamed of:

"She said no shepherd sought her side,
No hunter's hand her snood untied,
Yet ne'er again to braid her hair
The virgin snood did Alice wear;
Gone was her maiden glee and sport,
Her maiden girdle all too short," etc.

She was impregnated by the wind blowing the ashes from the burning bones of a male skeleton, so that some of these ashes, possessing prolific power, entered the vagina.

In one of Addison's volumes the following incident is narrated as illustrating the diffidence of the great essayist: "At the time of debating the Union Act in the House of Commons, 1706, he rose up, and addressing himself to the speaker, said, 'Mr. Speaker, I conceive;' he could go no further. Then rising again he said, 'Mr. Speaker, I conceive.' Still unable to proceed, he sat down again. A third time he arose and was still unable to say anything more than 'Mr. Speaker, I conceive,' when another member of the House stated he was sorry the gentleman had conceived three times and brought forth nothing."

Addison's failure to utter his thoughts recalls Dante's lines:

"O speech,
How feeble and how faint art thou to give
Conception birth."

Dean Swift wrote that "going too long is a cause of abortion, as effectual, though not as frequent, as going too short; and holds true especially in the labors of the brain."

In Southey's delightful book, "The Doctor," the etiology of abortion, and the consequences thereof, are treated as only an ingenious literary man could. In "Guy Mannering," Scott referring to Dominie Sampson, states: "It is true he never laughed or joined in the laugh his own simplicity afforded—nay, it is said he never laughed but once in his life; and on that memorable occasion his landlady miscarried, partly through surprise at the event itself, and partly

from terror at the horrid grimaces that attended this unusual cackination."

The following is a verse from one of Shelley's poems:

"Her sons are as stones in the way—
They are masses of senseless clay—
They are trodden and move not away,—
The abortion with which she travaileth,
Is Liberty—smitten to death."

Childbirth.—Milton, "Paradise Lost," evidently believed that the child made its own way out of the womb. Listen to Eve's words:

"Pensive here I sat
Alone, but long sat not, till my womb,
Pregnant by thee, and now excessive grown,
Prodigious motion felt; and rueful throes;
At last this odious offspring whom thou seest,
Thine own begotten, breaking violent way,
Tore through my entrails that with fear and
pain
Distorted, all my nether shape thus grew
Transformed."

The birth of the Duke of Gloster tells of a pelvic presentation:

"As I have often heard my mother say,
I came into the world with my legs forward:
Had I not reason, think ye, to make haste,
And seek their ruin that usurp'd our right?"

Many have referred to the suffering of childbirth, but the best of all accounts of it is Mrs. Browning's, in her little poem, "Only a Curl:"

"He gives what he gives—I appeal
To all who bear babes,—in the hour
When the veil of the body we feel
Rent round us,—while torments reveal
The motherhood's advent in power.

"And the babe cries! has each of us known
By apocalypse (God being there
Full in nature) the child is our own,
Life of life, love of love, moan of moan,
Through all changes, all times, everywhere?"

Montaigne remarks, "The pains of childbearing, said by the physician and by God himself to be very great, and which our women keep so great a clutter about—there are whole nations that make nothing of them. To say nothing of the Lacedæmonian women, what alteration can you see in our Switzers' wives of the guard, saving, as they trot after their husbands, you see them to-day with the child hanging at their backs, that they carried yesterday in their bellies?" He also refers to that

"fair and noble wife of Sabinus, a patrician of Rome, who for another's interest, alone, without help, without crying out, or so much as a groan, endured the bearing of twins."

The comforting presence of the mother at the labor of her daughter is thus referred to in "Alcestis." Alcestis, about to die to save the life of her husband, tells her daughter:

"In childbirth I shall not be there to cheer,
When a good mother's presence is most prized."

A few novelists have given excellent accounts of childbirth; among these may be mentioned Count Tolstoi, in "Anna Karenina," and George Moore, in "Esther Waters." George Eliot, in "Adam Bede," has pictured with her usual power the sad history of Hetty Sorrel—her flight from home, bearing in her womb the fruit of illicit love; the baby born in the home of a stranger who kindly cares for the mother in the hour of her trial; then poor, pitiable Hetty again a fugitive; next burying her living child, she resumes her wandering, but she hears the child's cries, and goes back to where she had buried it only to fall into the hands of the officers of justice. We next see her before the court,—still the girl face in all its beauty of form and feature, but pale with weariness, imprisonment and anxiety, if not from the terrible consciousness of guilt, and just apprehension of its consequences—the very gallows right before her. Sentence of death is pronounced, and she sinks lifeless in the court-room. While on the way to the place of execution, tidings that the death-penalty has been changed for twelve years' transportation, are brought by the author of her ruin. How pathetic, how tragic the story! And how in this, as is usually the fact in George Eliot's novels, Nemesis moves on certainly, swiftly, remorselessly as she ever did in Greek play!

The best of all descriptions of childbirth, however, given by a non-professional writer, is that which Edouard Rod has written.

[This story I read to the audience; but for reasons that cannot now be explained, there are objections to its appearing in print at the present time. T. P.]

OXYGEN AFTER ETHER.

THEOPHILUS PARVIN, M.D., PHILADELPHIA, PA.

In one of a series of letters* from Europe, written by me to the MEDICAL AND SURGICAL REPORTER last summer, I mentioned the fact that Professor Landau, of Berlin, employed inhalation of oxygen after anæsthesia by sulphuric ether.

Dr. Landau is one of the few Berlin operators who prefers ether to chloroform as an anæsthetic; and he has found by a very large experience, that as soon as the operation is ended if the patient immediately inhales oxygen freely for a few minutes, she does not subsequently suffer from headache, or nausea and vomiting. The immediate effects of inhaling oxygen are: the dusky hue of the face disappears, and the pulse becomes fuller and slower; there is too, a more rapid recovery of consciousness. I had many opportunities of witnessing these results at Dr. Landau's hospital. The day subsequent to operations I several times visited these patients, at the doctor's request, asking them as to the freedom from vomiting and pain, and the invariable reply was that they had neither.

Within the last few weeks I have after four operations, followed Dr. Landau's practice, and the results were most satisfactory, so that I am almost as positive as my friend, Dr. A. B. Hirsh, who, by my suggestion in an operation recently done by him for the removal of the uterine appendages, ether being given, subsequently employed oxygen, asserts that he will never use ether without oxygen afterwards.

Two of the four cases were test-cases, in that they had previously undergone operations in ether-anæsthesia, and suffered severely for two days from headache, nausea and vomiting—so severe was the last that during the two days no food could be taken and retained. I was not the operator in either case, and as in each, curetting only was done, the anæsthesia was probably brief.

One of these patients had hemorrhagic

endometritis: the uterus, though the patient had never been pregnant, was increased in length nearly three-fourths of an inch. The treatment was thorough curetting, injection of Churchill's tincture of iodine, and gauze drainage. After the operation, which was between twelve and one o'clock, the patient inhaled oxygen for a little less than five minutes; five hours subsequently she took her evening meal as usual, so far as food and quantity were concerned. I may add that the subsequent treatment consisted of the cold wet pack to the lower abdomen, the injection of cold water in the vagina morning and evening, and into the rectum at night of Rheinstädter's mixture,† (ergotine, salicylic acid, glycerine and distilled water). The next menstruation was free from pain and profuseness,—the two evils which led her to consult me.

The second patient was fifty years of age, married late in life, and had never conceived. She had cancer of the endometrium, with a fibroid of the anterior uterine; was quite delicate, and by no means a promising subject for a severe operation and prompt convalescence. The operation, extirpation of the uterus by the vagina, was a long one, chiefly because of the narrow vagina, a difficulty only partially overcome by splitting the perineum half way to the anus; the placing forceps, some twelve in number, and dividing tissues had chiefly to be done by touch, not by sight; the patient was under the influence of ether for an hour and a half. Inhalation of oxygen prevented any unpleasant consequences of the ether. I believe the fact that she recovered without

†The formula of Rheinstädter's ergot mixture for rectal injection, as given by Schauta, *Lehrbuch der Gynäkologie*, is as follows:

Ergotini dialysati spissi.....	5.0
Aquæ destillatæ.....	35.0
Acidi salicylici.....	0.1
Glycerini.....	10.0

A teaspoonful of this mixture, with two tablespoonfuls of luke-warm water, is injected by a rubber ball syringe into the rectum, after the bowel has been emptied.

In the *Medical Annual* for 1896, I have given the formula, but by some typographical error, a tablespoonful instead of a teaspoonful of the mixture is directed. So too, the formula, taken from another source, slightly differs from that here presented.

**Horresco referens!* Those letters had so many and such monstrous typographical errors, not the fault of the editor, that to refer to them is painful. Let all charitable readers not blame the writer.

great difficulty is, in part due to her not being prostrated at the beginning as a consequence of ether inhalation.

One of the remaining cases is of interest in that in a virgin, twenty-four years of age, there was hypertrophy of the uterus, from metritis, and there was also hypertrophy, congenital, of one of the nymphæ, the organ being at least six times greater than normal. Of course curetting was done, and the hypertrophied tissue of the labium minus cut away. The intoxication of ether

was soon set aside by oxygen inhalation, and there was neither pain nor vomiting. The ice-bag was applied to the lower abdomen, and the ergot mixture injected in the rectum.

I can then, from a large observation at Berlin, and also from a small personal experience, most strongly recommend inhalation of oxygen as a necessary sequence of ether-anæsthesia, if all unpleasant and sometimes very injurious consequences of such anæsthesia are to be averted.

EXTENSION AS A FACTOR IN SURGERY.*

M. HARTWIG, M.D., BUFFALO, N. Y.

I have been forced to abstain from any search in the literature, still I hope to say something that may interest you. Where and for what purposes extension becomes a valuable means of treatment, we are well aware, and I propose merely to dwell upon the practical execution. In all probability, the most frequent indication for extension occurs in fractures of bones. Some are hardly aware of it, but almost every dressing we are wont to apply is an extension-dressing. The reason is that the tonicity of the muscles forces us to extend, or else shortening of the broken limb will ensue. The paradigm of a dressing for a broken bone is the plaster-of-Paris cast. We do not think that it acts as an extensor, but while we apply it we extend in nine cases out of ten, and the cast maintains the extension. Extension, during the application of a plaster cast, becomes superfluous only in green stick fracture. Even wiring of bones involves extension of the opposing muscles. The next most frequent class of cases in which we extend is diseases of joints. The beneficial effect is almost universally acknowledged and the use of extension for joint-disease analogously frequent.

The most common way in which extension is applied, is by strips of surgeons' rubber plaster and attached weights. Rubber cords, instead of

weights, are used less frequently. There are a few conditions in which I believe the general practice is somewhat deficient in executing the principle.

So, in fractures of the femur in its upper third, many apply extension, but some try to get along with a plaster cast or other stiff dressing. Such extensions are frequently insufficient, because consideration is not taken of the weight of the limb; I don't say always, but very frequently. Extension is sufficient only when the limb is lifted off the bed, and then it is painful; or when the limb is placed on a plane with wheels or other sliding arrangement. The same is true of a plaster cast which does not include the pelvis and which is not applied during sufficient tension. How true my proposition is, is proven by the fact that I have seen several shortened legs coming from other practitioners, even of so great a surgeon as Bardeleben, while I had no shortening in a number of cases—one excepted, where a perfect handling was prevented by collateral affections. If you apply a plaster cast—which I consider the simplest treatment in most cases of fractures—see to it that you apply efficient extension on the cast itself. Any defects in the pelvic part of the cast, which so easily do occur, will be counteracted. For this purpose lay the cast on a board with four wheels, which should preferably rest on a smooth and somewhat wider board. Then fasten

*Read before the Buffalo Medical and Surgical Association.

the counterbalance weights to the end part of the cast.

Fractures in the upper third of the arm.—Here the application of retentive dressings is particularly deficient on account of the mobility of the shoulder, and on account of the impossibility of including the neck in the dressing. Efficient extension was not practiced at all to my knowledge until I published in the *Centralblatt für Chirurgie*, in 1875, a suitable method consisting of the application of a plaster cast on the forearm and elbow at a right angle to the latter, with an extension on the outer aspect of the arm and over the shoulder. This heavy weight acts as an extension in daytime. During the night, or in a recumbent posture, a rubber tube is slung around the elbow and perineum of the same side, with suitable tension. (On the inner aspect of the upper arm the plaster cast must not reach high or else the arm would show an outer curvature.) Only very little cotton is to be put between arm and chest wall in the axilla on the same account; only just enough to prevent excoriation of the skin from the constant touch of two surfaces. Borated cotton I prefer. Of course, it is necessary to put a sling around neck and wrist and a few turns of bandage around chest and arm to prevent its moving back and forth. For this purpose these bandages have to be laid with one turn around the plaster cast just above the elbow. This procedure is in fact so efficient that right after union has taken place the arm seems even too long from the dropping of the shoulder.

Fractures toward the ends of the extremities differ widely in regard to their tendency to dislocation of fragments. A somewhat experienced surgeon soon becomes aware of this fact. In some cases a little cotton soaked in starch (lino), or in collodion, is sufficient; in others the most elaborate procedures fail. It is my experience that many physicians are too easy-going about these fractures, particularly of the fingers; hence many deformed and nearly useless fingers are seen which could have been in ever so much better shape. Not unlikely, this fact is due to the unprepared condition of many practitioners to meet these cases immediately in correct style, but more often still to the fact that many of these fractures are complicated with

wounds, cuts, dislocations and bruises, when the danger of inflammation, sepsis, etc., is to be counteracted first. Here the form of dressing becomes a secondary consideration. Still this point should not be lost sight of. What use can a man have of a thumb which is chipped to pieces in the metacarpal and carpal bone and the intervening joint if it heals in an awkward position? Primary amputation might have been almost as good and would have involved a lesser risk. The cause of all this is that efficient extension has been hitherto impossible. Let me make a proposition for this purpose. I have never executed it, but it seems to me entirely feasible with modern antiseptics. Pierce the distal phalanx with a gilt steel pin or drill, introduce a silver wire or use the pin and fasten it to a projecting metal bar or hook, with sufficient extension to maintain a correct position. The counterpoint of extension would have to be represented by a plaster cast around the elbow in which the rear end of the extension bar would have to be imbedded. This arrangement would at the same time represent a fenestrated plaster cast, enabling us to use full aseptic dressings. The same arrangement could be used without the pin or wire if sufficient healthy part should remain on the distal phalanx to enable one to fasten a plaster to it so as to secure reliable extension. In simple fracture, or even in compound fracture, of the clavicle, as well as of the patella, wiring may often be the best procedure to extend the antagonistic muscles. I cannot now discuss the indications when the wiring should take place, but in regard to execution I should like to say that driving in two screws and fastening their heads together with a piece of lead compressed over the latter, seems to me the simplest proceeding.

Extension in joint diseases.—As before, I do not propose to dwell upon indications. Let me say here only, that inasmuch as the antiphlogistic effect of elevation is undubitable, very often slanting extension toward the ceiling with counterbalance weight and light support while in bed is the best procedure. How to fasten the extending string in case the ankle or wrist is suffering is most frequently an embarrassing question to many. I can recommend to

you as the most practical way which patients will stand longer than any other is to encase the hand or foot in a plaster cast and tie the string around the latter. Concerning the plaster cast, though, I recommend a somewhat unusual way. Do not construct it of layers of plastered bandages, but stick the well oiled and shaved hand or foot into the plaster mass just down to the affected joint. Then break the box in which the plaster was. Overcome the heat of the setting plaster with cold water. No other bandage will fit half so snugly. This extension toward the ceiling has furnished me a couple of cases with remarkably perfect motion after purulent inflammation of ankle and wrist, which I do not believe I would have ever obtained in any other way. The same way is suitable as after-treatment after tenotomy of the sterno-cleido in wryneck or in cases of disease of the bones in the nucha. The patients learn to sleep sitting, as the weight of the head is taken off, but the application of the plaster must be done differently or a Sayre's headgear used. Still, walking is better here and this leads us to the extension of joints while in motion. The two most important apparatus are here: Taylor's or Phelps' splint for hip disease and Sayre's corset. I have one objection to both. The extension is inelastic. For this purpose I propose a modification. Instead of a ratchet in Taylor's splint, a spring (coil) should be inserted in the hollow part of the mainstay or at least the shoe ought to be fastened to the foot-plate by a rubber-band or adjustable tension spring.

* Sayre's corset (if of leather) should be cut in two just over the point of disease and the upper part kept pushed off (that is, upwards) by springs. If the disease is high up, such springs ought to act against a piece encasing occiput and chin. These modifications of Sayre's corset are already suggested somewhere in the literature if I am not mistaken. For extension of the knee-joint, a high shoe on the sound leg and a lead plate (much thicker on the heel) as the sole of the diseased limb is the most convenient way of executing extension. Let me finally say that special occasions will require special ways in the application of the principle, and that it must not be forgotten that there is a difference

in the action of elastic or inelastic extension and that the choice must be made with deliberation and a clear view of the purpose.

For example: A broken clavicle could be treated by encasing both shoulders with a strip of gutta-percha across the back, but every motion of the sound side would move the broken clavicle, therefore the counter-extension would have to go around the chest in its upper, less mobile part.

A sample of such special occasion might be premeditated lengthening of a leg. I am sure, if the femur were cut very obliquely and the amount of extension sufficiently great, success ought to be obtained. The sharp ends of the cut bone, which could be nailed together would unite, and the leg lengthened, probably, without losing the supporting strength. Such occasion may arise. Trial on animals should precede operation on the human subject.

Extension as a surgical measure has other fields of usefulness, but it is more properly called expansion and stretching as in strictures of hollow organs, etc. Here I have nothing worthy of remark to proffer, except a small discovery I made some time ago. By slowly expanding the urethra in the adult female, we are enabled to look into the bladder. That method is used since Simon published it, but nobody has mentioned that you can see more than small areas in this way. Now, I have found that by putting the woman in the proper posture, sometimes called Trendelenburg's, simply any posture by which you make the contents of the abdomen gravitate towards the diaphragm, you can see the whole bladder at once like a big hollow ball. I have no doubt that in man the same result can be obtained during perineal section, and of course during suprapubic. In fact, I have some hope that even without cutting, the same effect may be obtained at some future time with suitable lenses and the posture mentioned. Failures may possibly occur when the intra-abdominal tension is too great.

NOTE.—This paper was read May 20, 1891, before the Buffalo Medical Association, and the last mentioned proceeding was published in the *Medical News* of Aug. 13, 1892. Thus I have the right to claim priority against Howard Kelly, who seems to be considered the discoverer of the above cited facts.

ANGIOMATA.*

J. ABBOTT CANTRELL, M.D.,† PHILADELPHIA, PA.

Vascular growths of the human skin have been divided, at different times, into four varieties: 1st, Telangiectasis; 2nd, Nævus vascularis; 3rd, Angio-Elephantiasis; 4th, Tumor cavernosus, (Kaposi and others). At other times into three forms: 1st, Nævus vasculosis; 2nd, Telangiectasis; 3rd, Angioma cavernosum, (Van Harlingen and others). Still others have advised the use of two terms only, so as to prevent confusion to the student: 1st, Nævus vasculosus, including the congenital vascular new growths; 2nd, Telangiectasis, embracing the acquired vascular dilatations, (Hardaway, myself, and others).

In the latter division it is to be understood that the so-called cavernous tumor or angioma is considered as a variety of the vascular nævus and to be an advanced form of that condition. So I believe, with this simple division, there will be no chance of your becoming confused, and that you will distinctly understand the subject after its consideration.

Vascular nœvi have, from time to time, been described under different titles such as "Nævus Vascularis" and "Nævus Sanguineus", but for convenience it will serve our purpose to forget that these names were ever applied. These new growths may be seen at the birth of the infant or it may be some weeks or months before they manifest themselves. They may be single or multiple, and of the size of a pin's point or much larger than the palm of one's hand. They may be flat or raised, and this fact may be governed by the greatness of the vessel attacked. The flat variety are usually quiescent, but may increase in size after remaining quiet for an indefinite period.

Those higher than the normal skin may become more turgescient at times of excessive anger or straining of any char-

acter, or pulsations synchronous with the heart's action may be noticed. The superficial capillaries or smaller arterial and venous branches are the points of attack.

The first case presents that form spoken of as "Nævus Araneus", and upon close inspection you may notice that it is composed of a number of small radiating lines of a light red color. From the statements of the mother she gives the accounted history of this form as being only a small red dot at the birth of the child, but that it has spread until to-day, at the age of four months, it occupies a space of one-half inch in diameter, and is situated upon the right cheek about the centre. Thus it will be seen that in this case the patch has increased with the age of the child, but in the majority of instances it is noticed to remain stationary throughout the life of the individual; or in still other rare instances the patch will have been noticed to remain quiescent for an indefinite period, and then to have taken action and increased slightly in most cases, and in others, to a greater or less extent. The color rarely differs and is generally found to be of a light red just as seen in the case before us. The second case is another of the same variety, but has undergone some treatment by means of the ordinary acetic acid. It has now had three applications, covering a period of as many weeks, and upon removing the dressings it will be seen that it has diminished at least one-half. In making this application it was used by dipping an ordinary wooden stick into the acid and applying directly to the part, in one or more instances puncturing the skin to get a more decided result, and as soon as some blanching occurred it was discontinued and covered with cotton batting for a short period only. As this means of treatment will be adopted in the case recently before us, I will show the result in about one week.

The port-wine mark usually occurs as a reddish blue or purple and may be seen

*A Clinical Lecture at Philadelphia Polyclinic.

†Professor of Diseases of the Skin in the Philadelphia Polyclinic and College for Graduates in Medicine; Dermatologist to the Philadelphia Hospital, the Frederick Douglass Memorial Hospital, and the Southern Dispensary, Philadelphia.

upon almost any portion of the body, and while in some cases it may be rather a small patch, it has in others been noticed to occupy large areas, as one member of the body or upon one side of the face, and in other rarer instances the whole face and head may be involved. The case which I present to your view has been under constant observation for a period of at least twenty-four years, and I remember it when I was a boy and often was exceedingly frightened by the appearance. The patch, as I first recall it, covered most of the face and was, as first seen by me, of a bluish color, but of late that has changed to a purple, and now you may see that not only is the face involved, but alike, the condition is found throughout the scalp, and the lower line marks about the centre of the neck. The lips, and especially the lower one, have increased greatly in size since first seen and now are found to be of about ten or twelve times their natural bulk. This variety may remain stationary but has been seen to have increased during the life of those affected. It is certainly most disfiguring, and I believe that little or nothing can be done for its destruction when it has reached the proportions seen in this case, but when it is of smaller size the same means, as above, may be adopted, or use may be made of one of the remedies that I will refer to later. "*Nævus Pilosus*" is applied to *nævi* that are covered with fine or dense hairs, but other than this does not differ from the above-mentioned forms.

The foregoing varieties portray those forms which are in constant attendance at our clinics, but the next, of which I will show two examples, is of decidedly rare occurrence and is more usually delegated to the surgical clinics. The first occurs in a colored child of six months, and as this is the second visit, I will read the notes of her former call. Female child, aged two months, presents a tumor-like growth upon the left side of the chest and slightly below the axilla. Upon measurement it is found to be one and five-eighths inches in diameter and to be raised about one-sixteenth of an inch above the surrounding parts. To-day you may notice that it has perceptibly increased in size and the measurements record two and seven-eighths

inches from side to side, and two and three-eighths inches upwards and downwards. At the former visit I wanted to operate but the mother would not permit it, and, recalling it to my mind, I have sent for her that you may view the case with me to-day and see what can be done for the little one. If I was allowed to treat the case I should certainly extirpate immediately, but the mother has repeatedly withheld her consent, and we will be obliged to do the next best thing and I believe we may get a fair result, but this is mere conjecture. This is by means of electrolysis, as is performed in removing hairs, although with a decided increase in the strength of battery over that method. Now what we have presented to us in this case is a *nævus* which is much raised above the normal skin and which has a slight pulsation. Upon compression we notice its disappearance to some extent and its return immediately upon its removal. It has a bluish or purple color but which cannot be thoroughly seen as this child is a negro. This variety has received the name "*Angioma Cavernosum*" because of its reticulated structure. Sometimes it is not witnessed upon the surface of the skin but may be felt as a small tumor beneath it. After a time the skin becomes involved by its extension and is then bound down to the underlying tumor. Its color at this time is of a bluish tint and the skin presents possibly many fissures.

The usual site of these bodies is the face, the hairy scalp, or arms and legs, but they may be found elsewhere. Their course is variable and of greatest uncertainty, as in some they may remain quiescent throughout life; while in others they may take activity and cause considerable trouble to the sufferer. Ulceration and gangrene may supervene in some few of the cases. In rare instances *nævi* may be found upon mucous membranes, and here they present the same general characters as found upon the outer surface. Pain may be felt in some, where there is a possibility of pressure upon nerves, either those of deep structure or those of the periphery.

Telangiectases are acquired conditions, and are usually witnessed in old age, but may be seen in early life in those who are subject to acne. They first

show themselves as small pin-point-sized spots which gradually grow until they are distinguishable upon the skin's surface and, when firmly placed, are seen as short or long streaks of redness marking the skin. They may be numerous or only a few may be found. Usually witnessed upon the angles of the nose, coursing over the tip or body, or around the alæ, and also upon all portions of the cheeks. In some cases the number may be so large that the face will show one mass of streaky redness. This is the form that usually occurs to our view, and the case before us is a good description in itself. You notice upon the left cheek a number of these streaks, while upon the right side the whole surface is covered with innumerable vessels. The color is red in most instances, but here and there a bluish tinge is given them.

Another form of these enlargements in the blood vessels is that of a pin-head-sized reddish or purple papule-like growth which is slightly raised above the surrounding skin. These latter lesions may become the size of a half pea or bean. For the most part they are witnessed upon the trunk—either front or back—and may occur at almost any age, from childhood to old age. The case that is now before us presents quite a number of these little bodies, and a few days ago I undertook to count them and found that upon the back alone this young man presented, at least, one hundred of them, while the chest gave about fifty, and the arms each about twenty-five. Upon the lower extremities the number is not so great, although he has quite a sufficiency. In this case it would certainly be a life-long occupation to remove all these growths, and I, myself, would not like to undertake such an one. With those upon the face there are several operations that may be resorted to, and first of all I may mention the one described by Squire in which a multiple-bladed knife is caused to sever these vessels in all directions, but unfortunately it does not always succeed, but more often fails. In cases of mild severity it may make an impression, but the plan that I will now mention will take precedence of all previous methods and be found more serviceable. The plan is the use of electrolysis as

performed in removing superfluous hairs, but instead of passing the needle to the depth of the hair, you will, in most instances, give a slight puncture to the skin and thus perform your work more quickly. With this latter operation sittings may be given every week in one spot, but, when scattered over the face, a number of sittings may be given each week, working at some remote point at each seance.

Both these conditions are at first nothing more than a varicosity of the vessels, although in the *nævus* there is an increase in the number as well as having a thickness in their walls. Pulsating tumors are supplied with numerous veins and arteries which are intertwined so confusedly that it is difficult to say which predominates. Cavernous growths have one or more cavities communicating and formed by connective tissue and having an endothelial lining.

The etiology of *nævi* and *telangiectases* is rather obscure, but some writers will hold to the doctrine that maternal impressions, while carrying offspring in utero, have an influence in their production, and many examples are recorded of very peculiar conditions arising from this so-called reason. Congestions of the skin may be advanced as a cause for *telangiectases*, and where this is long continued it is rather plausible.

The diagnosis is at no time difficult if all points of a case are considered. The prognosis is rather unfavorable without operative measures, although it is not to be lost sight of that some of these lesions will disappear spontaneously, but only in rare instances. Other means of treatment may be adopted besides those mentioned in my former remarks. Compression, by means of fingers when there is a hardened background, or by means of compresses in constant contact with the part; vaccination, directly over the site of the lesion, (although the latter sometimes leaves some scarring), and by the use of chemicals may be advised with some assurance of success in a few cases. Of chemicals, mention may be made of acetic acid, the glacial acetic acid, ethylate of sodium, which has been freshly prepared only, nitric acid, carbolic acid, the acid nitrate of mercury, or chloride of zinc

may be used with some degree of success, but care must be exercised in all cases not to make the disfigurement worse than the disease itself. Extirpation by the knife belongs to the surgeon. Electrolysis undoubtedly offers the best means of to-day, and the plan is just the

same as used in our discussion of the subject of superfluous hairs. The results gained by this latter method are more pleasing than by the others because it does not occasion any bandaging afterwards. Our cases of this morning will be shown you at a future lecture.

COMMUNICATIONS.

GYNECOLOGY AMONG THE INSANE.*

ALFRED T. HOBBS, M. D., LONDON, CAN.

Utero-ovarian disease and its relations to insanity is a subject that has aroused much controversy and no small amount of bitterness in some sections of the great country south of us. Some State boards of control have thought fit in their wisdom to interfere in the scientific management of the insane, especially in the prosecution of operative procedure for the relief of pelvic disease in the insane, and have characterized special work of this nature as "brutal and inhuman." It is very evident that those who took exception in such violent terms to a distinct advance made in the modern methods for the cure of insanity have been carried away by false theory and misplaced sympathy, and could not have had any practical experience of the undoubted benefit which in the majority of instances accrues from necessary surgical interference for the bettering of the condition of these "wards of the State."

Being still in the experimental stage in this matter, I am somewhat diffident about opening up a subject so extensive; but I desire to put on record the result obtained after a year's experience and observation in gynecological work on the insane in London Asylum, and the conclusions reached as to the result of treatment of pelvic disease in insanity. That disease of these organs does produce mental alienation in many instances I have not the slightest doubt. Exception may be taken to this opinion by putting

forward the plea that derangement of other just as important organs rarely produces psychic disorders; therefore, why should changes in the genitalia cause this profound mental disturbance? The reason, I believe, is that the brain is intimately connected with the uterus and its appendages through the great sympathetic system; and that disturbances of the latter are reflected upon the former in pathological, just as we know they are in physiological, conditions. To illustrate this, one has but to note the marked influence that puberty has upon the female mind. The girl, in the transition stages to womanhood, not only develops physically, but certain mental qualities hitherto well marked in her are very much altered, and from being a rollicking tomboy she becomes retiring, modest, sedate, and shy in manner, and takes on all the characteristics that differentiate the woman from the child. Then, go a step farther, and witness the changes concurrent with budding maternity. The reflex disturbances of various organs, the cheerful nature becoming morose, the despondency giving way to excitability, suspicion, and hate where hitherto love dwelt; the borderland of disordered reason is approached, and the Rubicon being crossed, the invasion of the domain of insanity itself is often coincident with the puerperal state. If mental changes so marked, so profound, occur as a result of the physiological changes of gestation, would we not naturally expect in many pathological con-

*Read before the London (Canada) Medical Association, 1896. Reported in *Amer. Med-Surg. Bul.*

ditions of these organs some alteration in the mental attitudes of the sex, especially when an inherent weakness of cerebral tissue is present in the individual?

It is curious to note that the majority of insane women with pelvic lesions do not complain of any thing that would lead you to suspect the presence of such disease. If the same local conditions existed in her sane sister, medical advice would soon be sought for their removal or amelioration. The perversion of the intellectual faculties with their omnipresent delusions obscure their judgment, and something totally foreign to the disease is alleged as a cause of the mental derangement. Regarding causation of insanity by pelvic disease, Regis says (page 349): "The majority of women suffering from organic disease of the uterus fall gradually into depression, moroseness, and hysteria; in fact, they change in their characters and become irritable to excess, sometimes even passionate and violent, and occasionally they go a degree further and pass fully into the domain of insanity;" on page 350 the same author remarks that "Most uterine affections are capable of engendering mental disease by sympathy, and it does not appear that out of the whole number any one has any special influence more than others in this regard"; and on page 351, in speaking of psychic disorders following exactly the phases of the utero-ovarian symptoms, he says: "These facts, which are very curious, establish firmly the relation existing between the mental trouble and the uterine lesion and the subordination of the course of the former to the processes of the latter."

Tuke (Vol. II, page 1244) writes: "Uterine disorders are especially capable of determining by reflex action profound derangement of the cerebral functions."

Savage (1884, page 71), in summing up a chapter on utero-ovarian insanity, says: "Insanity may be started either by serious uterine or ovarian disease, and the symptoms may have some direct relationship to the seat of the disease."

Clouston states, in speaking of uterine or amenorrheal insanity, that "The regular or normal performance of the usual functions of the uterus and ovaries is of the highest importance to the mental

soundness of the female." Such, then, is the consensus of opinion of four of the leading psychologists of the age.

The accidents of the puerperium are many and varied, and they bring in their wake distress, debility and disease. Is it any wonder, then, that women with an inherent tendency to cerebral instability, or with highly strung nervous mechanisms passing, through the stages of motherhood, and having their return to health retarded or prevented by subinvolution, some tear of the *via naturalis*, some inflammatory exudation, should deteriorate mentally?

Many of these cases of mental alienation are, properly speaking, purely functional, and are dependent on a lowered vitality often induced by surgical disease. The removal of the cause and building up the physical health usually promote recovery mentally, if the treatment is carried out before definite and permanent changes take place in the brain centers and irretrievable damage is done, which would certainly follow as a sequence to the long-continued assaults of pelvic sources of irritation. But even in cases in which no mental improvement is to be looked for as a result of operative interference with the utero-ovarian organs, this is still justifiable as being often essential to the patient's general well-being. It removes a source of irritation which constantly worries her and which often leads to maniacal attacks or fits of depression, and, except when death intervenes, it invariably improves the physical health, placing the unfortunate patient on a better basis and making her existence at least tolerable, even if she remain a permanent resident in the institution in which she is confined. Those patients do not suffer as some would lead us to believe during the operation. They are completely anesthetized, and afterward, when reparation is taking place, recovery is usually uneventful, not even a single degree of elevation of temperature occurring to vary convalescence. In some few cases after-treatment is hard to carry out owing to unreasoning obstinacy, or an excitable temperament pertaining to the patient's mental state.

Are then operative measures, tending to relieve this class of patient, to be stigmatized as "brutal and inhuman"? Are methods so rational, as outlined in

this paper, for the improvement of either the physical or mental health, or both, of these unfortunates to be condemned by theorists who perch themselves on a pinnacle and dictate as to what is right and what is wrong, what is brutal and what is not, who arrogate the right to say "thus far shalt thou go and no farther," but who forward their Rip-Van-Winkle ideas and allow misery, discomfort and disease to hold their sway, and who suffer the light of reason to become hopelessly lost for the want of an outstretched hand and the timely removal of diseased tissues?

Procrastination in these cases is deplorable. Every female admitted, whose history in any way points to defect or malposition, new growths or unhealthy local conditions of any kind, should be systematically and carefully examined if necessary under an anæsthetic, and a correct diagnosis of the lesion made, and, if needed, treatment, not only medical but surgical be commenced without delay. Then, after lapse of sufficient time, your patient showing no sign of return to mental health in spite of marked physical gain, you can at least comfort yourself with the reflection that you have given her a chance, and you can rest content with a clear conscience and the knowledge of having at least done all that was possible in the case.

The analysis of the 19 cases I now place before you present no new features gynecologically. The operations performed follow a well-beaten track. I wish, however, to draw your attention to the marked results which followed in these cases from work done upon the uterus itself. These uterine operations included curettage, divulsion, trachelorrhaphy, and amputation of cervix for conditions of subinvolution, endometritis, and lacerated, cystic, and hypertrophied cervixes. Of these there were 9, and according to the mental state of the patients they were classified as follows: 2 cases of acute mania, 2 recurrent mania, 1 acute puerperal mania, and 4 of chronic mania. Physically every one improved, the gain in weight in some being as much as 25 pounds. Out of the whole number, 6, or 66 per cent., were discharged into the custody of their friends, recovered. Two out of the remaining three have been discharged on probation, and recent

letters state that they are doing well, and but one of the 9 remains unimproved mentally, and is still a member of our resident population. Eight, then, out of the 9, are now discharged, representing nearly 89 per cent. of the uterine operations. Some will say they would have recovered in an ordinary way. I say no—not all, as you will observe that four of these were cases of chronic mania, one of 14 years' standing, one of five years, one of three years, and one of two years. The one of three years' standing is the one solitary remainder of this company.

Two operations were done for malposition of uterus by the method devised by Alexander of shortening the round ligaments. One was a case of puerperal mania of two years' standing, who subsequently improved very much physically, is now much less troublesome than formerly and has become a useful worker. The other was a case of acute mania, of seven months' standing. She improved mentally, but not enough physically when she was taken away by her friends against our advice. She remained home three months, was brought back in a state of starvation, and died shortly afterward of exhaustion from mania.

Vaginal hysterectomy, for complete procidentia uteri, was carried out in two patients. One was a case of chronic mania passing into dementia, of 24 years' standing: was kept in bed latterly a good deal of her time owing to the prolapsus. Although no mental improvement was expected in this case the physical health was much benefited.

The second was a case of acute mania, of six months' duration, when the procidentia uteri included a prolapse of the anterior wall of the vagina, causing micturition to be painful and difficult. From the day of the operation she improved steadily in every way, and is once more attending to her household duties, being completely restored to health mentally.

Another case of acute senile mania, whose condition was rendered miserable by a complete procidentia uteri, being too old for an hysterectomy, the uterus was replaced by Freund's operation with buried silk-worm-gut sutures, and is still well retained. Her general health is much improved as a result of this simple yet effective procedure.

For removal of the two ovarian cysts a different method was adopted in each patient, one by the abdominal incision and the other *per vaginam*. The abdominal case progressed favorably up to the twelfth day, when double basic pneumonia set in and carried off the patient in 24 hours. An epidemic of la grippe prevailed at the time, a number of asylum patients being laid up with it. Post-mortem showed the stump contracted and the pedicle ligature completely encapsuled by lymph, and the pelvis free from fluid of any kind. There was also good union of the abdominal wound. She was a case of chronic mania of nine years' standing, and was 64 years of age at the time of the operation.

The other case of ovarian cyst was removed by an opening in the cul-de-sac made through the vagina. She recovered rapidly without a solitary bad symptom. Her improvement, especially in bodily health, was very marked, and she is now well enough mentally to be at home. Her mental disease was that of acute mania.

Adherent tubes and ovaries with accompanying menorrhagia and dysmenorrhœa called for surgical interference in a patient who had chronic mania of three years' standing, and who at times was excited, violent and destructive. The abdominal route was followed, and recovery was uneventful. Although seven months have elapsed, this patient's conduct has been exemplary, and her mental and bodily health much improved.

Celiotomy and removal of a solid mesenteric tumor in another case of mania was followed by death from exhaustion on the fifth day, this patient being acutely maniacal for two or three days subsequent to the operation.

The nineteenth and last on this list was a case of chronic melancholia with delusions of all kinds of imaginary diseases in various organs. Being very uncomfortable from a large circle of hemorrhoids, and having a torn perineum with an accompanying rectocele, the operations of Allingham and Tait, respectively, relieved the symptoms locally, but were not followed by any change in her mental condition.

Before concluding this paper I desire to express my grateful appreciation of the kindness shown me by my superin-

tendent, Dr. Bucke, in placing at my disposal every facility for carrying on the work, and my thanks are also due to Drs. Meek, Moore, Eccles, and Stevenson for the valuable assistance rendered me from time to time in these operations.

How General Butler Lost a Horse.

While in front of Petersburg the general received information that his favorite horse, Almond-Eye, had been accidentally killed by falling into a ravine. Upon the departure of his informant he ordered an Irish servant to go and skin him.

"What, is Almond-Eye dead?" asked Pat.

"What's that to you? Do as I bid you, and ask no questions."

Pat went about his business, and in an hour or two returned.

"Well, Pat, where have you been all this time?" sternly demanded the general.

"Skinning the horse, yer honor."

"Does it take nearly two hours to perform such an operation?"

"No, yer honor, but then, you see, it tuck 'bout halfan hour to catch him," replied Pat.

General Butler cast upon his servant such a ferocious look that Pat thought he meditated skinning an Irishman in revenge for the death of his horse.—*Boston Herald*.

No Confidence in New Men.

TRAMP (*coughing*)—"No, mum, my health ain't none of the best. I've 'ad this cough two years."

WOMAN—"Why don't you do something for it?"

TRAMP—"Well, mum, my family doctor died yisterday, an' I hain't seen a physician to-day what I'd like to trust my health with."

YOUNG MOTHER—What ought the baby's food to be, Dr. Chagem?

DOCTOR—Nothing but the milk from one cow.

YOUNG MOTHER—And I believe you said the mother ought to take four or five fresh eggs every day?

DOCTOR—Yes.

YOUNG MOTHER—Well, doctor, should they be eggs from one hen?

CURRENT LITERATURE CONDENSED.

Transverse Fracture of the Femur in a Syphilitic Patient Due to Muscular Action.¹

A married woman, forty-four years of age, who had suffered for some time with shooting pains in the legs, and had been treated ineffectually for rheumatism, was seen by me. She had great pains shooting from the crest of the ilium to the heel. The limbs were swollen and tender to touch and both femurs were enlarged. I gave her opiates and potassium iodide. As a specific history was found, the iodide was pushed as far as the stomach would bear, and in about six weeks the swelling was much less and she was now able to partly bend her knees and assume different positions in bed. The pain, though much lessened, still continued, and was temporarily relieved by the faradic current. Once, just after making such an application to the right side, the patient was moving across the bed to have the left side treated, when the right femur fractured, transversely, about three inches above the condyles. The fracture was treated by extension, followed by a plaster-of-Paris dressing, and ended in recovery. During the progress of the treatment full doses of iodide and small doses of yellow oxide of mercury were given with good effect.

The Importance of Precision in the Technique of Hydrotherapy.²

Among the objections to hydrotherapy have been: (1) The difficulty of applying water systematically and with precision. (2) The espousal of water as a remedy by empirics and ignorant laymen who have brought it into disrepute. (3) The utter disregard of an exact technique. It has been definitely ascertained that the high temperature is not the chief danger in an attack of typhoid fever. The object of the Brand bath is the support of the nervous system with a secondary consideration for the temperature. A longer bath at a higher temperature would also reduce the bodi-

ly heat, but it would be lacking in the nervous stimulation. Friction of the body and cold affusion of the head augment the influence of the cold bath which is appreciable in the improved action of the heart, lungs and secretory organs. The manner of using the baths is important. They are to be commenced at 65° F. before the fifth day of an attack of typhoid fever and continuing them every three waking hours, night and day, so long as the temperature reaches 102.5° F. The bathing cannot begin too early and no harm can result should the case not prove to be typhoid fever.

Whenever the morning temperature is above 102° F. on the third or fourth day of a febrile disorder, and it rises 1° F. or more in the evening, in the absence of a local cause, and a bath of 90° F., with friction for fifteen minutes, repeated in four hours at 80° F. and then 75° F., causes the rectal temperature to fall 2° or more, typhoid fever can almost positively be excluded.

In the treatment of pneumonia, and especially the broncho-pneumonia of young children, excellent results have been secured by the use for ten minutes, with friction, of the tub bath at a temperature of 95° F., gradually reduced to 80° during the first bath. In adults the results of this and also of the strict Brand bath are unfavorable. By improving nutrition, the judicious use of water gives good results in pulmonary tuberculosis. The superficial cutaneous vessels are first dilated by warming the patient by wrapping in soft blankets or by a hot-air bath, short of inducing perspiration. Then he is subjected to a circular or nozzle bath at a pressure of twenty-five pounds at 95°, gradually reduced in the course of one minute to 85°, and followed by a fan douche at twenty pounds pressure at 90°, reduced 1° daily. If the patient be subjected to lower temperature or higher pressure at the beginning the results are discouraging.

To lead a child is to command an army.—*The Ram's Horn.*

¹Albert A. G. Starck, M.D., *The Philadelphia Polyclinic*, February 22, 1896.

²Dr. Simon Baruch, *The Philadelphia Polyclinic*, February 22, 1896.

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WM. H. BURE, M.D.

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Editorial Staff:

A. L. BENEDICT, A.M., M.D.

SAMUEL M. WILSON, M.D.

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PHILADELPHIA, SATURDAY, APRIL 4, 1896.

EDITORIAL.

THE PATENTING OF MEDICAL INVENTIONS.

It will doubtless be a surprise to our readers that the REPORTER should advocate the patenting of appliances used in medicine and surgery. The debt of knowledge which each physician owes to the profession as a whole, and his duty to humanity forbid so plainly the application of ordinary business laws to the results of his ingenuity, that the REPORTER hastens to explain that it is in entire accord with the ethical principle involved, and that it suggests the taking of patents only in the best interests of the profession, and with such restrictions as shall prevent selfish misuse.

Has it ever occurred to our readers

that the price of the tools for our professional use is relatively greater than for other mechanical work, and that the difference can not be explained by any increased delicacy of finish, nor by the limited demand? We believe that the discrepancy is accounted for by the lack of system in the manufacture of instruments. Any dealer is free to reproduce almost any instrument that he pleases, but, with the exception of a few standard articles like saws, knives and forceps of ordinary form, he can not afford to manufacture in economical quantities, and must, consequently, charge a correspondingly high price.

A few actual experiences may illustrate that the well-intended attempt to go contrary to accepted business laws is necessarily expensive. Some time ago, was devised a little instrument which has proved extremely useful in a particular kind of practice, but which from its nature, would not be available for more than a few physicians in a town. If the market of the whole country could have been monopolized, a considerable number could have been sold at a comparatively low price, but under the existing custom, the nominal freedom of every physician to have one made wherever he may see fit, prevents all from obtaining the instrument except at a price higher than the implement is really worth. Again, we made estimates with a practical inventor, of the cost of a new form of atomizer, involving a nickel plated casting, the usual bulb and readily cleansed tubes. It was of about the complexity and apparent cost of atomizers selling for a dollar or a dollar and a-half each, yet it could be put into the hands of the jobber, at a fair profit, for twenty-five cents—providing the exclusive right of manufacture were secured by a patent.

At a meeting of surgeons, during the discussion of intestinal anastomosis, several deaths were reported from defects in intestinal buttons, especially from insufficient or excessive tension of springs. The inventor of one of the forms of button explained that he tested every one made at a certain place before it was exposed for sale, but that being prevented by ethical considerations from patenting his invention, he could not control nor supervise the manufacture except by the voluntary coöperation of dealers. Another medical man, also the inventor of a device for saving life, has boldly defied the code and controls the manufacture and sale of his apparatus, and there is no reason to believe that his monopoly has ever been used for the

sake of obtaining an extortionate profit, nor for other unworthy motives.

Rightly and fairly used, a patent allows an article to be placed on the market in more perfect condition and at a lower price than when anyone is free to manufacture it—except in case of a commodity of practically universal use, a qualification which does not apply to any professional invention.

How may the patenting of medical and surgical appliances be put into practice without conflicting with accepted and incontestable ethical considerations? The ability to invent a useful professional tool is not self-evolved, but depends in large degree upon information derived from the general store. "Freely ye have received, freely give," sums up the whole argument. The *REPORTER* suggests that economical and ethical considerations may be harmonized by relegating the patenting of all instruments to a national medical board, appointed either by some one of the national societies or by joint action of state societies. Whatever the mode of appointment, experience has shown that it is not difficult to find representative members of the profession who will act fairly and wisely in similar movements. Such a board could regulate the price of instruments by granting contracts for manufacture only after formal bids, and could, with the coöperation of the inventor, insure the perfect construction of every instrument. Improvements, whether suggested by the original inventor or by some one else, would receive the attention of the same board. Whether or not the inventor should guarantee the cost of the patent and receive a share of the profits, need not be discussed here.

It may be objected that such a scheme would depend entirely upon the willingness of the profession to coöperate. In reply, it may be urged that the present

almost universal custom of waiving the legal right to control an invention is equally voluntary. We believe, also, that the majority of those who have violated the letter of the code of ethics, would surrender their patents to such a board. Once established, such a system

as the one proposed would be of enormous economical value, saving probably a third of the aggregate cost of mechanical appliances which instrument makers would be enabled to produce at less expense, and could, in any event, protect themselves in bidding for contracts.

VIEWES AND INTERVIEWS.

Thus saith the New York Medical Record:—"Medical journalism in Philadelphia seems to be nearly of the past. The *Medical News* has left, the *Times and Register* is published there but edited in Boston, and the MEDICAL AND SURGICAL REPORTER, which left there once and then returned, is administering weekly rebukes to its readers in that city for their lack of energy, and their failure to keep abreast of the times. Surely this cannot be so!"

Making full allowance for the poetic license evident in this news note, there yet remains sufficient inaccuracy to warrant correction. Philadelphia has no medical journals distinctively representative of the local profession in the same sense that New York is represented by the *Medical Record*, the *New York Medical Journal*, the *Medico-Surgical Bulletin*, and, latterly, by the *Medical News*. In this respect medical journalism in Philadelphia is altogether of the past. In a comprehensive sense, however, Philadelphia has never yet been surpassed for medical journalism. Many of the oldest and greatest, as well as the best of scientific medical periodicals are published from Philadelphia, but they make no attempt to deal with interests peculiarly local.

The *Record* is right in its assumption that it cannot be that the REPORTER "is administering weekly rebukes to its readers in that city for their lack of energy, and failure to keep abreast of the times." Readers of the REPORTER are necessarily fully abreast of the times. Even those physicians of Philadelphia who do not regularly read the REPORTER, cannot be said to be far behind the times. The generous support of New York journals indicates that a considerable portion of the Philadelphia profession is, or at least ought to be, as far advanced as the profession in New York, concerning

whose doings it is much better informed than it is of current work at home. However, the REPORTER has never alleged "a lack of energy or failure to keep abreast of the times" on the part of the Philadelphia profession as practitioners of medicine. Its comments have been upon the business policy and the fatuous methods of the *body medical*, the effects upon Philadelphia's reputation, and the derogation of the city's claim as the medical centre of America.

* * *

At the risk of becoming tiresome, the REPORTER has commented upon the condition of medical affairs in Philadelphia. The subject has by no means been exhausted, if, indeed, it has been sufficiently elaborated. What has been said has been offered because of a conviction that the true condition of affairs is most unfortunate for the general profession, and especially so for Philadelphia's standing in medical science; and because it is necessary to force the situation upon the local profession in order that some measures may be taken to correct the growing deformity. For some years past, local history has been little more than a record of energies diverted toward institutional acquisition, of internecine strife and intrigue for partisan supremacy, and of reckless struggle for individual aggrandizement. It abounds with incidents which prove the paltry dollar in hand may be held so close before the eye as to entirely blot from vision incomparable stores of wealth rusting through lack of use. It would be interesting, no doubt, and perhaps profitable, to relate the rise and fall of some of the half-hearted efforts to meet the demands made by progressive practitioners upon this reputed centre of medical science, and to discuss post-graduate clinical instruction as it

obtains in this city. On these subjects, however, the REPORTER commends to consideration not what it has said so much as what it refrains from saying. It earnestly desires to see Philadelphia recover its one-time pre-eminence in the medical world, and it purposes to do all that lies within its power to secure that end.

* * *

"Every kingdom divided against itself is brought to desolation." Possessing every quality necessary to regain and hold at will supremacy in the medical world, and having at command the same powerful agencies which before achieved and sustained its reputation, should medical Philadelphia fail to recover the foremost position, the lack must be the will to use the appliances at hand—or, perchance, the wit. The present status of Philadelphia as a medical centre has been sufficiently outlined. There remains only to suggest some method toward accomplishing the desired restoration.

* * *

As already implied, the burden of re-

sponsibility for the situation rests upon the local organizations, and the REPORTER would fain believe that the speediest and surest correction of the unfortunate condition is to be secured through the representative societies. The societies are the agencies most competent to secure the support of all factors concerned. They have the power to constantly and consistently strengthen and enlarge all local interests without discrimination. They can accomplish the necessary coalition by which the direct promotion of any one interest will ultimately redound to the betterment of all. They present the only existing opportunities for arousing and sustaining a fervid local *esprit de corps*. And, finally, through the societies alone can Philadelphia resume a policy of united effort without entailing destructive procedures and producing disintegrating schisms.

Although the ends to be attained are obvious, it is not so easy to prescribe a simple and acceptable method of achieving them. In any event, sincere and persistent labor will be required should the societies have courage to attempt the work cut out for them.

CORRESPONDENCE.

PARETIC DEMENTIA.

EDITOR OF THE REPORTER:—

In your issue of February 22d, a communication under the heading "Is Insanity Contagious," describes a case of *paretic dementia* in a husband, followed later on by the same symptoms appearing in the wife, and that the husband's case responded to no treatment while the wife's did.

As it was my privilege to serve a number of years as an assistant physician in one of our largest hospitals for the insane, adjacent to a large city which furnished us with a large number of *paretics*, I would like to present briefly two instances of *paresis* occurring in man and wife. In both instances the trouble began in the man, then later on developed in the wife. In both men there was a history of syphilis, and no doubt they communicated the trouble to their

wives. The *paretic* symptoms were typical—just as described by your correspondent, Dr. Peeples. In the women the mental exaltation was less marked than in the men, and it has been my observation that in a great number of female *paretics* (probably the majority of them), the mental symptoms are more of a melancholy than of an exalted character, yet they have the other characteristic symptoms: the Argyll-Robertson pupils, epileptoid seizures (more or less marked), fibrillary tremors, ataxic gait and so on.

Upon examining the brain in these four cases the pathological conditions were found to be almost identical. I have not the notes of these examinations at hand, but suffice it to say that in each case there was the opaque, thickened pia mater and the granular appearance

of the ventricles, as we find in all paretics.

One of the men was a saloon-keeper, the other's occupation I do not remember. There was a history of syphilis in both cases, no doubt communicated to the wives, and it is very natural to suppose that it caused the paresis in all four cases. Syphilis is the greatest cause of this trouble, and alcohol comes next.

I do not believe that insanity is contagious any more than I believe that a disease of the kidney or liver is contagious. In the cases I have cited, the wives were infected with the cause of the paresis, but this same cause might, in some other subjects, have manifested it-

self in some part remote from the brain.

The fact that the doctor's male patient did not respond to any treatment, while the woman did, may be explained in this way. He states that he has known the case for the past two years, while the trouble started in 1891. It is possible that the patient had a *remission* before he became acquainted with him, and when the trouble recurred he would respond to no treatment. In the wife's case the *remission* might have been regarded by him as a response to treatment, whereas, I think I would be safe in saying that when a *remission* occurs, it does so regardless of any treatment.

SAMUEL DODDS, M.D.

Anna, Ills., March 31, 1896.

SEXUAL PURITY.

EDITOR OF THE REPORTER,

Sir:—Referring to the article upon "Sexual Purity" from the pen of Dr. S. D. McConnell of Philadelphia, which appears in the REPORTER for February 1st., we submit a few remarks touching some of the points discussed. In the main the subject is admirably treated, and must command the respect, if not the acquiescence of all right thinking people.

As to the comparative immorality of unchastity or incontinence in the man and in the woman.

When one offers "social customs" as authority for his decisions or opinions, no matter what dignity of age or precedent these customs may possess, his argument may fail of conclusive evidence. Social customs and laws are constantly changing. That which to-day is held as binding, and to have for its maintenance the sanction of authority almost divine, may, to-morrow or in the future, be extensively modified in its general interpretation, and that without negating the presumed sanction of divine authority.

Social custom is of peculiar origin. Whatever views one may hold regarding the evolution of natural tendencies independent of divine regulation, it is universally conceded that man is a being morally accountable, and that, in some

way or other, influences outside himself are, and were intended to be, operative upon his general mode of life and action. A combination of internal and external influences results in so-called social custom. The analysis of the factors which go to build up social customs is interesting, and such study is necessary to attain an intelligent and comprehensive idea of the relative importance of those factors. One must consider in detail the precepts and practices of all systems of morals, together with their sources and the influences, either admitted or inferred, which directed, governed, or inspired the teachers of these systems.

The comparative responsibility of male and female in the matter of sexual morality is a peculiar question which most people hesitate to discuss. So far as we are aware in no other question of morality, or immorality, has the proposition been advanced of accountability varying because of sex. Strangest of all is it in this anomalous morality that greater sin should be imputed to the woman, and that of her should be demanded greater powers of resistance, the while her means of self-defence are rendered much inferior, and she is accorded less protection than the boasted lord of Creation, in whom the same transgression is nothing more than a

venial error. Further, she is the one most censured for offering temptation.

The question of moral accountability, so far as the giving way to temptation is concerned, might perhaps be the more readily adjusted if it could be determined which of the sexes was by physical constitution and conformation most easily influenced by sexual passion. On this point we believe that the physiologists are disagreed. After taking such good care of the male prostitute, the utter hopelessness and the abandonment of the wanton and harlot seems to us the most unrighteous conclusion that could possibly be reached.

Some points which we would like to emphasize are stated in the form of questions, which may be answered by each individual as seems to him truthful and logical.

1. In which of the sexes is sexual desire the strongest?

2. As between the man and the woman, judging from general constitution, strength of body, strength of mind, etc., etc., which must be considered the most capable of self-restraint, self-denial, self-government.

3. How many wantons would be found were it not for the fact that, in the first instance, there was for each a seducer of that sex from which are made bankers, brokers, doctors, lawyers, ministers, tradesmen, toughs, and a large variety of miscellaneous products. It is alleged that some women prostitute themselves in order to live luxuriously without work, and not from any disposition or necessity to pursue the calling. Of this we are not in a position to speak authoritatively. But in most cases, so far as the question of comparative immorality is concerned, we suggest to their accusers the judgment given by the Master in a test case, as recorded in Holy Writ, "He that is without sin among you, let him first cast a stone at her."

Sexual purity or, to state it narrowly, enforced sexual continence, is a subject most difficult to deal with. The more so because there are few even among those who believe in enforcing chastity in its absolute sense, who are eager or even willing to defend their opinions. It may be that the reason for this hesitation is because purists find themselves in a hopeless minority; or perhaps be-

cause of the great number, who, whatever they profess, model their practice on lines which are distinctly not purist.

Very truly yours,

I. CON. O'CLAST, M.D.

No Mistake That Time.

Mrs. Jones was a troublesome client, constantly complaining of careless dispensing and mistakes, and finally told her chemist, "The next complaint should be the last." A few days after the last bottle of medicine nearly full is returned by a grinning page, with the terror-striking remark that "the doctor will call." The nervous assistant refers to R—Sodii chlor. inf. digit., syrup. What has he done? Left out the syrup? Tastes a few times, is undecided; apprentice does likewise; still there is doubt. Finally, the principal rushing in, and finding his *employé* carefully sipping from the bottle pours out a dose in a business-like manner, and tasting each mouthful with a scientific expression, pronounces it "quite right." Shortly after the doctor calls to inquire if sugar had been found in Mrs. J.'s urine!

Just So!

A young doctor desiring to make a good impression upon a German farmer, declared he had received a double education. He had studied homœopathy, and was also a graduate of a "regular" medical school. "Oh, dot vas nodding," said the farmer, "I had vonce a calf vot sucked two cows, and he made nodding but a common *schteer*, after all."

Food, to be properly digested, should be well and thoroughly cooked. The process of cooking promotes certain necessary chemical changes, and destroys a prolific source of disease. Food and drink frequently contain poisons which the long-continued application of heat will render innocuous. The practice of recommending raw or partially cooked meats is especially bad. Such food is a heavy tax upon the digestive organs, and often acts as a carrier for the virus of infectious diseases.—*Popular Science News*.

SOCIETY REPORTS.

OBSTETRICAL SOCIETY OF CINCINNATI.

Meeting of November 14, 1895.

DR. RUFUS B. HALL reported the following two cases:

FIBROID TUMOR OF THE UTERUS COMPLICATED WITH PUS-TUBE AND SUPPURATING OVARY.

In presenting this specimen I wish to give a short clinical report of the case.

Mrs. A., aged thirty-six, married fifteen years, sterile. Soon after her marriage she suffered from some acute inflammation in the abdomen, and says that she had womb disease for a year or two. After this she had an entire change in the type of menstruation as compared with that before marriage. After her illness her menstrual periods were prolonged and excessive, and she always suffered more or less from backache, leucorrhœa and pain in the abdomen. About three years ago she had an attack of inflammation in the abdomen, and was confined to bed for some weeks. Since then she has never been entirely free from pain. About the middle of September, during a menstrual period, she went to bed in an attack of abdominal inflammation, and was exceedingly ill for several days. Dr. Van Meter, of this city, attended her. He discovered that she had a tumor, which was firmly fixed in the pelvis. She soon developed a septic condition which continued, with varying fluctuations, until the last week of October.

On October 18, I saw the patient in consultation with Dr. Van Meter, and advised operation as soon as she had sufficiently recovered from her septic condition to justify it. On November 2, she entered the Presbyterian Hospital, at which time her temperature was ranging from 90° to 101°. She had regained her appetite and was taking a fair amount of food for a week or more.

By vaginal examination the cervix could be reached above the pubic arch with very great difficulty. The pelvic cavity was occupied by a hard, non-fluctuating tumor, which filled the space, pushing the vagina forward and downward until the tumor almost presented at the vulva. This tumor extended into the abdomen, and was so fixed that it could not be pushed upwards. To the right side, in the region corresponding with the ovary, she complained of great pain. The woman was very

fleshy, weighing something over two hundred pounds.

Operation was made on November 7, and the specimen here presented removed. In examining this tumor it will be observed that it was attached to the posterior part of the fundus of the uterus with a broad, thick pedicle. It is about five inches in length and three and a half or four inches in diameter, and from the patient's clinical history it was evident that it was free from adhesions until such time as it was wedged down in the pelvic cavity, where it became adherent. It is more than probable that this occurred about the time of her second attack of abdominal inflammation, yet no definite data can be secured to sustain this belief. You will observe that both tubes and ovaries are diseased, and at the time of the operation there was inspissated pus in the right tube. In the right ovary there was an abscess which ruptured during its removal. The uterus is of about normal size, with a second small fibroid projecting from its anterior wall.

Upon opening the abdomen a most interesting condition was observed, which you can appreciate by standing the tumor with the point down as presenting towards the vulva. To do so, it must necessarily raise the uterus well up out of the pelvis; this condition of affairs accounts for the fact that the cervix could barely be reached at the examination before the operation. In thus pushing the uterus up, the bladder must necessarily be carried up with it. In making the usual abdominal incision, which in this instance was about four inches long at the commencement of the operation, we came down directly upon the bladder, which was recognized, and the incision extended upwards far enough to get the hand inside the abdomen above the bladder. The tumor was liberated from the pelvic cavity with great difficulty, as there was not room enough in the pelvis to manipulate the hand satisfactorily in separating adhesions. After a tedious trial we were able, however, by lifting upon the tumor while detaching adhesions, to get the hand underneath and upend it. The fact that both ovaries and tubes were bound down with firm adhesions made me decide to make a complete operation and remove the uterus and ovaries with the tumor.

The operation seemed to light up anew her septic peritonitis, and for three days it was a very grave problem whether or not she was going to recover. Now, seven days after the operation, she has had a normal pulse and temperature for three days, and is taking nourishment. I consider her practically well.

DOUBLE OVARIOTOMY DURING PREGNANCY WITHOUT ABORTION.

Ovariectomy during pregnancy should be of sufficient interest to warrant the record of every case. Some months ago I reported such a case, followed by a successful delivery at full term. At that time I mentioned the fact that I had again operated under similar conditions, and would report the case at a future meeting. The following is the one referred to:

Mrs. W., aged thirty, mother of three children, was referred to me by Dr. J. B. Spencer, of Wellston, O., in the last week of May, 1894. She was an educated, refined woman, of marked nervous temperament. She has never enjoyed good health since the birth of her last child, eighteen months before, which was followed by an attack of abdominal inflammation. She has suffered more or less from pelvic pain, backache and leucorrhœa. She never deemed it necessary, however, to call a physician until about the middle of May, 1894. After prescribing for her a few times at short intervals, he made a vaginal examination, and discovered what he defined as a pelvic tumor. He then referred her to me for an opinion.

Upon examination I found the uterus in front and somewhat above, a pelvic tumor, which occupied the true pelvis. This tumor appeared to be about the size of a small cocoanut, occupying the pelvis and extending somewhat into the abdomen. It was fixed and could not be pushed out of the pelvis; fluctuation was easily obtained by placing two fingers in the vagina with slight percussion over the abdomen. The patient believed that she was pregnant. The uterus was somewhat enlarged, corresponded in size to a pregnant uterus of two or two and a half months, and the cervix was soft. The patient had suffered very much worse from her pelvic trouble for the past six or seven weeks. The fact that the uterus was pushed out of the pelvis, and that space occupied by a thin-walled cystic tumor, led me to urge an immediate operation, notwithstanding the fact that she was probably pregnant.

After leaving my office the patient was not satisfied with the opinion I gave, and asked her husband to take her to some other physician, which he did. This physician did not think an operation necessary, and suggested a line of treatment to be carried out at her home.

She returned home, and, not receiving any benefit, her symptoms growing more aggravated, she returned to the city on June 12, 1894, and entered my private hospital where the operation was made on June 16th, and the tumor here presented removed. The specimens

have been in alcohol since the operation, and show its effect by their shrivelled condition. The cystic tumor when removed was more than twice its present size. It was then about the size of an ordinary cocoanut, somewhat longer than it was broad, and moulded to the shape of the normal pelvis, to which it was adherent. The opposite ovary was imbedded in adhesions, as you will observe from the shreds attached to it.

As soon as the abdomen was opened it was plainly evident that the patient was pregnant, and that we had a thin-walled cyst behind the uterus, occupying the pelvic cavity, extending somewhat into the abdomen, and fixed by adhesions. I enlarged the incision to five inches, so that, if possible, I might remove the cyst without tapping it, which I fortunately was able to do. The opposite ovary and tube were imbedded in adhesions, and were likewise removed. The operation was both difficult and tedious, owing to the firm adhesions. The abdomen was closed in the usual manner and the patient put to bed.

She was nervous, and made considerable outcry from pain for the first ten or twelve hours, after which time she appeared to suffer no worse than ordinary cases. The following day she complained more of restlessness than of pain. The bowels were moved freely with salines on the second day. Her pulse and temperature had remained practically normal since the operation. Fifty-six hours after the operation patient's pulse was 120, temperature 99°, at which time she commenced to talk irrationally. Within an hour she was wildly delirious, with every indication of acute mania. She was restrained with the greatest difficulty for the following forty-eight hours, after which time she rapidly improved, and by the end of seventy-two hours from the time of the first mental aberration she was quite rational, and remained so.

From this time forward she made a rapid convalescence without a single break, and was able to sit up on the twentieth day after the operation. She left for home on July 14th.

She was delivered of a healthy, well-developed child after a perfectly easy and normal labor, on January 2, 1895, about twenty-eight weeks after the operation. Both mother and child are now enjoying excellent health.

From an operative standpoint, the most interesting feature of the case is the fact that so much injury was done in the pelvis without disturbing gestation. The larger tumor was adherent to the pelvic floor and adjacent viscera, and the opposite ovary was imbedded in a mass of adhesions.

The transitory mania is also an interesting feature. In my operative work I have had several cases of acute mania developing after abdominal operations, but never before have I seen a case in which the mania was less than fourteen days' duration, and usually of three or four weeks. I was quite surprised in this case when she so suddenly regained her reason.

DISCUSSION.

DR. EDWIN RICKETTS: Was the doctor able, in the first place, to differentiate between fibroids, pus-tubes and ovarian abscesses before operation?

DR. HALL: I made a diagnosis of fibroid tumor, and of whatever else I was willing to allow development in the course of the operation.

But this is a case of which I spoke to Dr. Ricketts a few days before the operation, telling him I had made several examinations and could not make up my mind whether or not there was pus present. There was a long history of illness, and if there was pus present the rational treatment would have been to operate through the vagina; but I could not get the evidence of it. The patient was just recovering from sepsis, which I think was caused by the small amount of pus in the ovary on the right side.

DR. RICKETTS: This is a unique case, and I think the main point is whether we can, in such cases, before opening the abdomen, differentiate between fibroid simple and pure and a complication, such as presented in this case. It was for that reason I asked Dr. Hall the question, in order to bring it out in the beginning of the discussion. These are the cases, we are told by the men who use electrolysis, that will diminish under its use; and we have here to-night a case that proves to us the disadvantages and absurdity of resorting to electrolysis. In other words, can we stand on the outside and tell whether a case is one of pus or fibroid? It is just these cases in which electrolysis does damage, and serious damage. It is a point that is most difficult to settle. If we are going to resort to electricity in these cases, can we say definitely whether a case of fibroid is with or without pus? If men doing a great amount of this work have to open the abdomen to settle the question whether or not pus is in the abdomen, what are the gentlemen to do on the outside? Can they be so certain a case is only fibroid? Can they differentiate between the two before electrolysis? If the gentlemen are able to differentiate between these cases, I think they are able to do more than the operators.

Another question. Would the removal of the appendages do any good with an aseptic fibroid and appendages? I do not believe the removal of the appendages would be the proper thing. On the other hand would a vaginal hysterectomy be the proper thing in these cases? No. Why? Because the suppuration, as clearly indicated by the specimen, goes to prove that the doctor did the right operation. I do not believe a supra-vaginal hysterectomy would have been the thing to do. I am sure the doctor is to be congratulated on the result. But the main point is, can we differentiate the cases of fibroid and pus, as the doctor had in the specimen, from the cases of simple fibroid without pus?

DR. C. D. PALMER: I did not intend to say anything about this case, but what I have to say has been stimulated by what has been said. I do not see how anybody could have doubted that there was a fibroid in this case, and that the fibroid was posterior to the uterus. The cervix was of normal size, or less than normal size, wedged towards the pubic bone, and this mass could be felt in the posterior cul-de-sac. The mass had grown down into the Douglass fossa, and could be felt in the posterior vaginal cul-de-sac by bi-manual examination. I do not see how anybody can mistake this kind of a fibroid for an ovarian abscess or pyosalpinx. The symptoms are so different. But it is sometimes very difficult to differentiate before section between a pyosalpinx and an ovarian abscess. As an illustration, I made an operation at the City Hospital before the class, in which my impression, as I told the students, was that I had a pyosalpinx. I was very positive something should be done for the case surgically. "Probably," I said, "I will find the pus in the Fallopian tube, and possibly somewhere else." I opened the abdomen, separated a good many adhesions from an old pelvic peritonitis, and took out an inflamed ovary as large as my fist. I thought for two or three days afterward the woman would die, but she is now on her feet about the hospital. The operation was performed two or three weeks ago. As to the propriety of the operation reported in this case this evening, I do not question. Had this abdomen been opened, and no enlargement of the ovaries and uterus been found, we might take the tumor out and leave the uterus, or it might be that the removal of the uterus would be required, if there had been any serious involvement of the ovaries and tubes. It would have been about as easy to take out the ovaries, tubes and tumor as the tumor alone. I think the operation was a proper one to do, and the abdominal method the proper method to employ.

I believe that electrolysis has a field of usefulness, but it has been abused. This was no case for it, as any man who has studied the subject would have known. Apostoli, who is an authority, would not have thought of touching this case. Electrolysis should be confined to those cases of fibroids which are more or less interstitial, in which the cavity is enlarged, and where there is little or no extra-uterine fibroids. You might as well try to remove a fibroid, intra-vaginal and pedunculated, with electrolysis, as this tumor. There are cases for electrolysis, and there are cases not for it. I hope the doctor will excuse my dogmatic statement.

DR. RICKETTS: But, Doctor, how could you make a diagnosis?

DR. PALMER: I would not use electrolysis if I had any strong suspicion from the symptoms that there was pus present. If there were septic symptoms I would infer there was pus.

[TO BE CONTINUED.]

LIBRARY TABLE.

"THE DISEASES OF CHILDREN'S TEETH—Their Prevention and Treatment"; a manual for medical practitioners and students, by R. Denison Pedley, M.R.C.S., L.D.S., Eng.; F.R.C.S., Edin.; with numerous illustrations. London, J. P. Segg & Co.; America, S. S. White Dental Manufacturing Co., Philadelphia.

This volume of 260 pages presents a complete account of the various diseased processes to which the teeth are subject, together with definite directions as to the best method of preserving these most important accessories to the digestive apparatus.

While physicians practising in a busy city find neither time nor necessity for treating the teeth, yet to those whose field of work lies in the country, where the area is wide-spread and the opportunity for calling in skilled dental surgeons is limited, this book will prove of assistance in showing how teeth are preserved as well as lost.

The ideas are clearly presented, and the introduction of numerous illustrations leaves no doubt as to the meaning of the text.

W. H. P.

"DON'TS FOR CONSUMPTIVES," by Chas. Wilson Ingraham, M.D., Binghamton, N.Y.

The little volume bearing this title is one of the most comprehensive and at the same time concise text-books for the lay reader ever brought to our attention. The title only partly indicates the object, which is to furnish to those possessing inherent tendencies or already suffering from the disease, plain indications for right living which, if thoroughly carried out must, in the majority of cases, result not only in the individual's recovery but, even more, prevent diffusion of the contagious influence to their intimates and friends. The work—for so it may be called—does not pose as a scientific treatise in the strict acceptance of that term, but is directed to those whose interest it more especially serves, *i. e.*, the sufferers themselves. It is printed in large, readable type, on good paper, and contains only 206 pages, including the introduction. The latter is a sermon in itself, and is well worth the price of the book if nothing else came after. It is impossible in a short review to make more than a scant reference to the many excellent features of the brochure, but we wish to accentuate one or two points con-

tained in some of its chapters. Chapter 6 discusses double occupancy of sleeping rooms, in which the point is well taken that it is not only the risk of contagion to the healthy person that is to be considered, but the division of oxygen which must take place, when as point of fact the invalid should have the lion's share. We quote from chapter 16, in discussing suitable clothing, as follows: "It is a widely acknowledged fact that a majority of the gentle sex in this and other civilized countries, suffer notoriously from their devotion to the various and changeable freaks of style, the originators of which consider comfort and physical welfare the least important factors." "Invalids must ignore fashion as completely as if it did not exist, and make use of wraps designed solely for their supremacy in affording the most protection to the wearer."

Particular emphasis is laid on suitable diet and clothing, with properly regulated rest and exercise, and plenty of fresh air. The author very sensibly recommends a very elastic diet, but lays special stress upon the value of beef, eggs and milk. On this subject alone a volume might be written, and it is our opinion that if the number of consumptives who have died of starvation were tabulated, it would be legion. And we might go further and say if the number of consumptives who have died of careless habits and the so-called demands of social life, with the added increment of starvation, it would include all.

If we had any criticisms to make of Dr. Ingraham's work, they would have to do more especially with the portions which discuss contagion or infection. Though many of the precautions advised are wise in themselves, we are of the opinion that perhaps too much stress is laid on those elements. So much so that if the rules were rigidly carried out, the life of consumptives would be made a burden too hard to bear. The work ought to be in the hands of every invalid suffering with any of the inherent or active symptoms of the disease throughout the land, and its circulation should only be bounded by that number, be it 500,000 or 500,000,000. Moreover, it should be in the hands of every practicing physician also, as it is a more useful reference than multiplied volumes of purely scientific treatises.

W. H. B.

Books Recently Received.

- "A TALE OF TWO NATIONS," Harvey, W. H. Cin. Pub. Co., Chicago, Ill.
- "A MANUAL OF MEDICAL JURISPRUDENCE AND TOXICOLOGY," Chapman, Henry C. W. B. Saunders, Phila.
- "A TEXT-BOOK ON THE PATHOGENIC BACTERIA FOR STUDENTS OF MEDICINE AND PHYSICIANS," McFarland, Joseph. W. B. Saunders, Phila.
- "A TREATISE ON THE MEDICAL AND SURGICAL DISEASES OF INFANCY AND CHILDREN," Smith, J. L. Lea Bros. & Co., Phila.
- "XXTH CENTURY PRACTICE OF MEDICINE," Vol. VI, Steadman, Thos. L. Wm. Wood & Co., New York.
- "CLIMATE AND HEALTH," Weather Bureau. Gov. Printing Co., Wash., D.C.
- "DIETS FOR INFANTS AND CHILDREN IN HEALTH AND DISEASE," Start, Louis. W. B. Saunders, Phila.
- "DISEASES OF CHILDREN'S TEETH," Pedley, D. S. S. White Dental M't'g Co., Phila.
- "DISEASES OF THE RECTUM, ANUS, AND CONTIGUOUS TEXTURES," Gant, S. G. F. A. Davis, Phila.
- "PRINCIPLES OF SURGERY." 2nd edition, Senn, Nicholas. F. A. Davis Co., Phila.
- "DON'TS FOR CONSUMPTIVES," Ingraham, Chas. Wilson. "The Call," Binghamton, N.Y.
- "ELECTRICITY IN ELECTRO-THERAPEUTICS," Houston, E. J. & Keneally. The W. J. Johnson Co., 253 Broadway, N.Y.
- "INFANTILE MORTALITY DURING CHILD-BIRTH AND ITS PREVENTION," Brothers, A.; P. Blakiston, Son & Co., Phila.
- "MICH. STATE BOARD OF HEALTH REPORT," Year ending June 30th, 1893. Lansing, Mich.
- "REPORT OF THE COMMISSIONERS OF EDUCATION," Year 1892-93. Government Printing Office, Washington, D.C.
- "REPORT OF SCIENTIFIC STUDY OF THE MENTAL AND PHYSICAL CONDITIONS OF CHILDHOOD," Committee on Diseases of Children. Parkes Museum, Margaret St., W. London, Eng.
- "SYPHILIS IN THE MIDDLE AGES AND IN MODERN TIMES," Buret, F., F. A. Davis Co., Phila.
- "THE YEAR-BOOK OF TREATMENT." Lea Bros. & Co., Phila.
- "TENTH AND ELEVENTH ANNUAL REPORT, BUREAU OF ANIMAL INDUSTRY." Government Printing Office.
- "TRAITE DE CHIRURGIE CEREBRALE," Broca, A. Masson et cie., Editeurs.

PERISCOPE.

NEWS AND MISCELLANY.

The Cartwright Lectures of the College of Physicians and Surgeons for 1896 will be given by George S. Huntington, A.M., M.D., Professor of Anatomy in the Medical Department of Columbia University, New York.

I. Wednesday, April 8th, "Morphology of Ileo-colic Junction and Large Intestine in Vertebrates."

II. Wednesday, April 15th, "Evolution of Human Cæcum and Vermiform Appendix, and Probable Lines of Derivation of the Corresponding Structures in the Other Vertebrates."

III. Wednesday, April 22nd, "Morphology of the Bronchial System and its Relation to the Pulmonary Vascular Supply in Mammalia."

The lectures will be given in the Hall of the New York Academy of Medicine, 17 West 43d Street, on the above dates, at 8.15 o'clock, P. M.

Committee: { D. BRYSON DELAVAN,
WM. K. DRAPER,
SAMUEL W. LAMBERT.

The Buffalo Academy of Medicine is organized in four sections, devoted, respectively, to Medicine and Therapeutics; Surgery, including most of the specialties; Obstetrics and Gynecology; Pathology, including Anat-

omy, Physiology and Chemistry. Each section holds monthly meetings, so that there is a meeting of some part of the Academy nearly every week, from the first of September to the last of June. These meetings are held in the Market Arcade on Main St., near Chippewa, and physicians temporarily in Buffalo are cordially invited to attend. Non-resident fellowships may also be secured. Each section entertains the whole Academy once during the year, and a business meeting is held in June.

The Medical School of Harvard University has just made a rule which will be a powerful aid to the cause of higher medical education: "On and after June, 1901, candidates for admission to the medical school must present a degree in arts, literature, philosophy, science or medicine from a recognized college or scientific school, with the exception of such persons of suitable age and attainments, as may be admitted by a special vote of the Faculty taken in such case. All candidates, whether presenting a degree or not, are and will be required to satisfy the Faculty that they have had a course in theoretical and descriptive (inorganic) chemistry and qualitative analysis, sufficient to fit them to pursue the courses in chemistry given at the Medical School." The latter provision is commendable.—*Cleveland Med. Jour.*

Meetings of National Medical Societies for 1896.

SOCIETY.	SECRETARY.	DATE.	PLACE.
Amer. Acad. Med.	C. McIntire, M.D., 5 West 50th St., New York.	May 2 and 4	Atlanta, Ga.
Amer. Acad. R. R. Surgeons	W. J. Kelly, M.D., Galion, Ohio.	Sept. 25, 26, 27.	Chicago, Ill.
Amer. Assoc. Genito-Urinary Surgeons	Wm. K. Otis, M.D., 5 West 50th St., New York.	First week in June.	Atlantic City, N. J.
Amer. Assoc. Obstetricians and Gynecologists	W. W. Potter, M.D., 284 Franklin St., Buffalo, N. Y.	Sept. 15, 16, 17.	Richmond, Va.
Amer. Climatological Assoc. .	G. Hinsdale, M.D., 3943 Chestnut St., Philadelphia, Pa.	May 12 and 13.	Lakewood, N. J.
Amer. Dermatological Assoc.	C. W. Allen, M.D., 640 Madison Ave., New York City.	Sept. 8.	The Springs of Virginia.
Amer. Electro-Therapeutic Assoc.	Emil Heuel, M.D., 352 Willis Ave., New York City.	September.	Boston, Mass.
Amer. Gynecological Society	Henry C. Coe, M.D., 27 East 64th St., New York City.	May 26.	New York.
Amer. Laryngological Assoc.	H. L. Swain, M.D., 232 York St., New Haven, Conn.	May.	Pittsburg, Pa.
Amer. Medical Assoc. . . .	W. B. Atkinson, M.D., 1400 Pine St., Philadelphia, Pa.	May 5, 6, 7, 8.	Atlanta, Ga.
Amer. Neurological Assoc. .	G. M. Hammond, M.D., 58 West 45th St., New York City.		Philadelphia, Pa.
Amer. Ophthalmological Assoc.	S. B. St. John, M.D., 26 Pratt St., Hartford, Conn.	July 15.	New London, Conn.
Amer. Orthopedic Assoc. . .	John Ridlon, M.D., 103 State St., Chicago, Ill.	May 18, 19, 20.	Buffalo, N. Y.
Amer. Pædiatric Society . .	S. S. Adams, M.D., 1 Dupont Circle, Washington, D. C.	May.	Montreal, Can.
Assoc. of American Physicians	Henry Hun, M.D., 149 Washington Ave., Albany, N. Y.	May 2 to 4.	Washington, D. C.
Assoc. of Military Surgeons of the U. S.	E. Chancellor, M.D., 613 Pine St., St. Louis, Mo.	May 12, 13, 14.	Philadelphia, Pa.
Army and Navy Medical Assoc.	E. P. Bartlett, M.D., Springfield, Ill.	June 16, 17, 18.	Havana, Ill.
Canadian Medical Assoc. . .	F. N. G. Starr, M.D., 394 Markham St., Toronto, Ont.		Montreal, Can.
Medical Society of the Missouri Valley	Donald Macrae, Jr., M.D., Council Bluffs, Ia.	Sept. 17.	Council Bluffs, Ia.
Mississippi Valley Medical Assoc.	H. W. Loeb, M.D., 3536 Olive St., St. Louis, Mo.	October 20.	St. Paul, Minn.
National Assoc. of R. R. Surgeons	D. E. Welsh, M.D., Grand Rapids, Mich.		Cincinnati, O.
Southern Surgical and Gynecological Assoc.	W. E. B. Davis, M.D., Birmingham, Ala.	November 10.	Nashville, Tenn.